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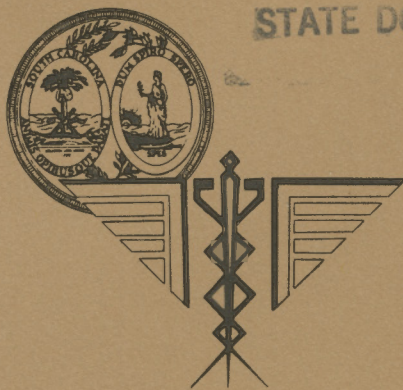
SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH

ANNUAL REPORT
1984-85

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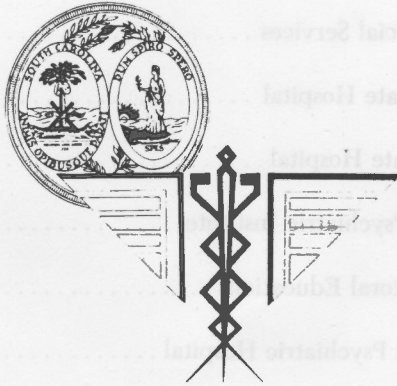
STATE DOCUMENTS



Printed Under the Direction of the
State Budget and Control Board

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT 1984-85



**Printed Under the Direction of the
State Budget and Control Board**

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S. C. MENTAL HEALTH COMMISSION

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Spartanburg

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Commissioner Emeritus
Sumter

C. M. TUCKER, JR.
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Pageland

SCDMH EXECUTIVE STAFF

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Assistant State Commissioner Racine D. Brown, Ph.D.

General Counsel R. Ken King

Director Herbert Walker, Jr., CPA
Internal Audit Division

Deputy Commissioner Fred L. Sons
Public Safety Division

Deputy Commissioner R. Brooks Galloway
Div. of Administrative/Human Resource Services

Director W. Russell Hughes
Div. of Plans and Program Services

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Div. of Community Mental Health Services

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Div. of Education and Research Services

Deputy Commissioner C. Edgar Spencer
Div. of Alcohol and Drug Addiction Services

Deputy Commissioner Charles N. Still, M.D.
Div. of Long Term Care Facilities

Superintendent Jaime E. Condom, M.D.
South Carolina State Hospital

Administrator Larry D. Leslie
South Carolina State Hospital

Superintendent Rufus E. Medlin, M.D.
Crafts-Farrow State Hospital

Administrator Claude C. Connelley
Crafts-Farrow State Hospital

Director Alexander G. Donald, M.D.
William S. Hall Psychiatric Institute

Assoc. Dir. for Administration Leroy Barber
William S. Hall Psychiatric Institute

Director Charles N. Still, M.D.
C. M. Tucker Jr. Human Resources Center

Administrator Robert G. Miller
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Morris Village

Administrator David C. Lever
Morris Village

Director D. Wayne Bickham, M.D.
Bryan Psychiatric Hospital

Administrator James Lucas
Bryan Psychiatric Hospital

Director Charles T. Gatch
Dowdy-Gardner Nursing Care Center

Administrator Shilda Friendly
Dowdy-Gardner Nursing Care Center

Director John R. Simmons, M.D.
James F. Byrnes Medical Center

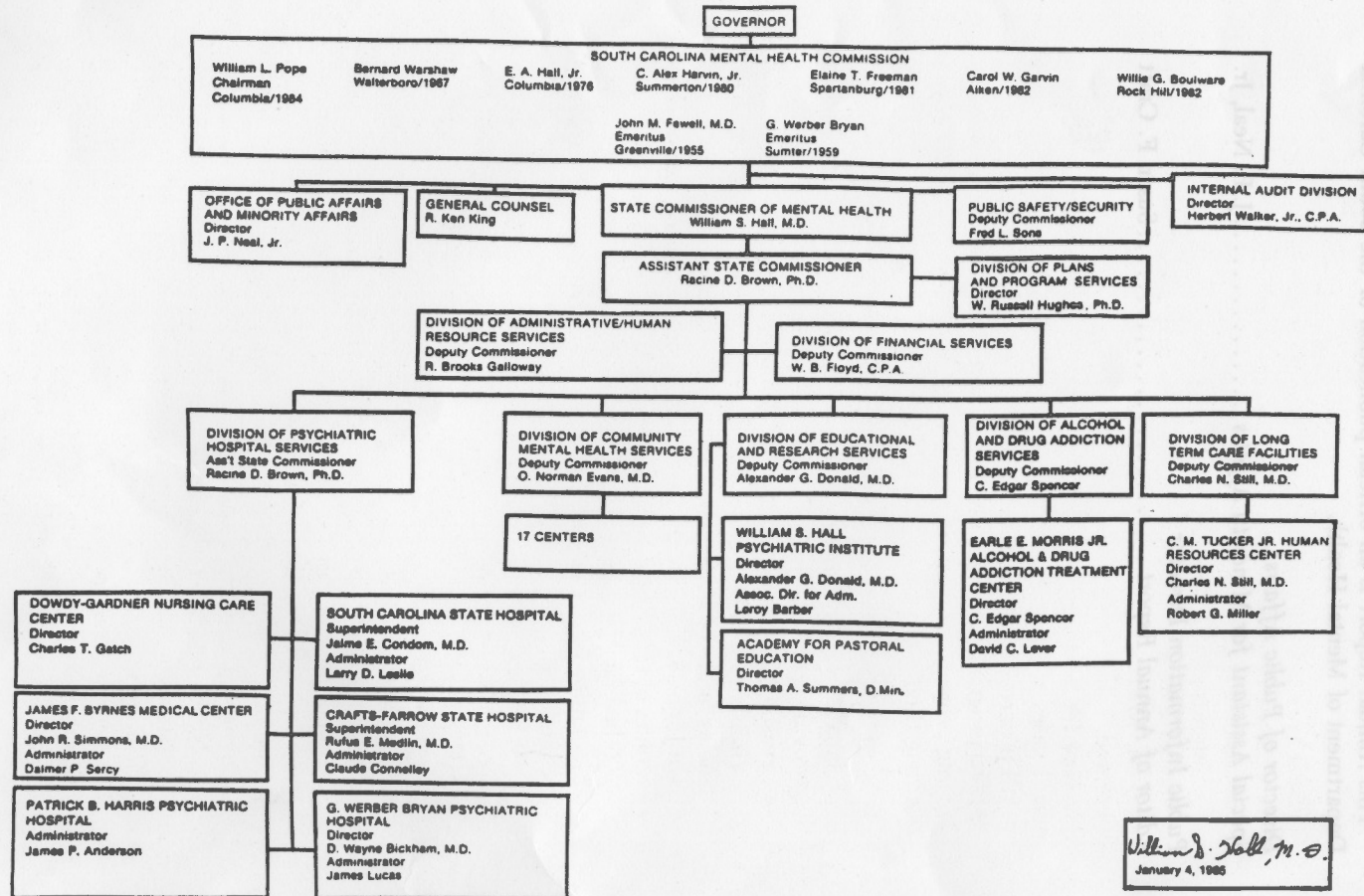
Administrator Dalmer P. Sercy
James F. Byrnes Medical Center

Administrator/Acting Director James P. Anderson
Patrick B. Harris Psychiatric Hospital

This Annual Report is an official publication of the South Carolina Department of Mental Health.

Director of Public Affairs/
Special Assistant for Minority Affairs J. P. Neal, Jr.

Public Information Director I
Editor of Annual Report Susan F. Craft



William S. Hall, M.D.
January 4, 1985

OFFICE OF THE STATE COMMISSIONER

Fiscal Year 1984-85 marked the last year of my 47 years of service with the Department of Mental Health, 22 years of which I served as State Commissioner of Mental Health.

An intensive nationwide search for my successor is presently being conducted and in the meantime, an interim commissioner, Jaime E. Condom, M.D., former Superintendent of S. C. State Hospital, was appointed.

Except for a few issues — a U. S. Justice Department investigation; several cases of patient abuse; and periodic adverse publicity — the overall progress accomplished during the year was most satisfactory.

Major programmatic realignments were initiated, goals were met and on-going projects maintained.

Among them were:

- 1) A \$122,719 federal grant was awarded by the Federal Emergency Management Agency and the National Institute of Mental Health to provide community mental health centers in areas affected by a devastating tornado which hit in March, 1984 (Laurens, Newberry, Winnsboro, and Bennettsville) with extra staff to work directly with the estimated 6,561 victims who needed follow-up care.
- 2) On June 28, 1985, the Department celebrated the dedication ceremonies of the Patrick B. Harris Psychiatric Hospital in Anderson, a 206-bed facility to serve the 14-county Piedmont area of the state. Mr. James P. Anderson serves as Administrator and was recently named Acting Director.

When the hospital begins accepting patients, hopefully in October, 1985, it should significantly affect the patient population at S. C. State Hospital, decreasing it to an ideal level of 700 patients in the near future.

- 3) November 3, 1984, marked the official completion of the reorganization of the S. C. State Hospital unit structure, grouping patients into categories or levels of care based upon their diagnoses and treatment needs. The units are as follows: Admissions, Acute Care Unit, Forensic, Children/Adolescent, Structured Living, Management, Developmental Disabilities and Pre-Release.
- 4) In November, 1984, the Department received a copy of the U. S. Department of Justice Department report describing the results of the investigation of S. C. State Hospital during 1983 and early 1984, covering a period from 1977 through 1983. This highly constructive report cited several Constitutional deficiencies in the areas of patient care about which the Department of Mental Health and the

S. C. State Hospital had been concerned and actively working to remediate. The Department is confident that the deficiencies cited will be reconciled to the satisfaction of the U. S. Justice Department and to the benefit of the State's citizenry whom we serve.

- 5) The Department's Community Support Program worked diligently to develop housing alternatives that ranged from highly structured residential homes to assisting individuals in achieving the most independent living situations. As part of its efforts in March, 1985, it sponsored the annual CSP Conference which brought together for the first time consumers, families, professionals, volunteers and advocates from all over the state.
- 6) On August 1, 1984, the Lexington Mental Health Clinic became the seventeenth comprehensive mental health center in South Carolina. This achievement of center status signaled that every catchment area in the state has access to the following mental health services: outpatient, including services for children, the elderly and chronic/aftercare patients; emergency and screening services; day treatment services; and consultation, education and prevention services.

During the year I received many tributes and accolades from various groups and individuals, the most notable event being a spectacular Retirement Recognition Dinner held at the Carolina Coliseum on June 21, 1985. I have been deeply humbled and honored by all the kind and complimentary words and by the presentations and special gifts.

I must say that any accomplishments I have made during my years of service with the South Carolina Department of Mental Health are directly attributable to the South Carolina General Assembly, the six governors I was privileged to serve with, an enlightened South Carolina Mental Health Commission, and to a fine group of dedicated, compassionate and professional staff, whom I affectionately call my "fellow workers in the vineyards."

It has been an honor and a privilege to serve my beloved state and to have had a part in improving the services for the mentally ill. My life has been richly blessed.

OFFICE OF GENERAL COUNSEL

The Office of General Counsel provided legal advice to Departmental personnel in administration, the facilities and the mental health centers. In addition, the attorneys represented the agency in negotiations and court proceedings in legal matters throughout the state.

In fiscal year 1984-85 the Office collected \$484,655.61 in claims, liens and forfeitures through litigation and negotiation. Approximately thirty

care and maintenance files were in active litigation at year's end and approximately one hundred and twenty in negotiation.

The Clinical Standards Review Committee format has been revised to require facility level response to the Committee's report. This response will provide the needed follow-up to the Committee's determinations.

Through efforts of the attorneys, the professional and tort liability insurance coverage has been improved. Liability limits for physicians have been raised in the professional liability policy. Also, tort liability limits of coverage have been increased, providing greater coverage for all employees, volunteers and Center board members.

A patients rights task force has recommended the Department expand this area by employing full-time client advocates to handle rights issues and train the staff in all the facilities. It is anticipated that the program will be implemented in FY 85-86 with the hiring of a director, three or four client advocates, and a clerical support person. During the past year an emphasis has been placed on continuing education for facility staff on the discharge rights of patients.

Additionally, the Office of General Counsel has continued to fulfill its responsibilities to represent the Department on employee grievances and unemployment matters, to review contracts, and to provide legal advice on a wide range of issues to Departmental staff. The attorneys also provide in-house legal support for the Attorney General or retained counsel in litigation such as professional liability, contracts, and tort cases. The Office of General Counsel has assisted with legislative matters on an "as needed" basis.

OFFICE OF PUBLIC AFFAIRS

The following constitutes the major activities, assignments, projects and general responsibilities of the Director of Public Affairs/Special Assistant to the State Commissioner for Minority Affairs.

1. Active leadership participation and direct consultation to the successful efforts of the agency's Cross Cultural Council and its annual conference. Personal and direct involvements at several levels of South Department of Mental Health about cross cultural issues and their values to mental health. Planning and execution activities with the Academy of Pastoral Education in its new developmental role. Special emphasis around cross cultural issues and mental health and the awareness of the therapeutic elements of the Black religious experiences.
2. Leadership participation in formal supervisory training exercises in Promoting Equal Opportunity. Developed policy and strategies

on the South Carolina Department of Mental Health Affirmative Action Plan for management.

3. Revitalized and structured the departmental Human Relations Council in order to carry out the mission to manage positive interpersonal relationships and communications flow among patients and staff at all levels in SCDMH.
4. Established accountable measures to increase management's awareness and sensitivity to minority issues and concerns.
5. Involvement in the direct counseling and conflict resolution procedures around minority employees dissatisfaction. Worked in close concert with Personnel Director and the Personnel staff.
6. Active involvement with the agency's personnel management operations to enhance employee recruiting, applicant referrals, and successful job placement of minorities.
7. Visited and interviewed key personnel throughout the Department in order to build a better image and appreciation for the Office of Public Affairs and to increase the Director's orientation and general knowledge of the SCDMH. Established better linkages between facilities and the central public affairs operations. Arranged and conducted tours for media, legislators and advocacy groups.
8. Established positive relationships with the South Carolina General Assembly through regular visits and direct correspondence with legislators in behalf of SCDMH. Monitored and reviewed specific legislation relative to SCDMH.
9. Extensive involvement in community education in behalf of mental health through public speaking, personal contacts, consultancy and broad-based exposures. Worked in close harmony with advocacy groups and support organizations such as the S. C. Mental Health Association, the United Fund, state and city Chambers of Commerce, and church organizations.
10. Interfaced with personnel and functions of the agency to bring about a better coordination of public relations, community education, and legislative affairs.
11. Represented the State Commissioner and the Assistant State Commissioner at conferences and meetings.
12. Extensive involvement and interaction with the electronic and print media in response to the very heavy demands over the past year. Handled press conferences, media visits, major press events, television news serials and newspaper features.
13. Interfaced with top level management on long and short term planning goals for the department. Developed strategies for day to day operations and policy implementations.
14. Participated in the overall management functions of the agency as

a member of a seven-member Management Committee of SCDMH.

15. Developed a workable policy and procedure for media relations and broad-based public information activities for a complex agency operation. Managed the policy and procedure on a day to day basis. Arranged and conducted major press briefings and interviews.
16. Conceptualized and produced a new tabloid newspaper for the agency. Was distributed inside and outside the SCDMH.
17. Designed creative public service materials to assist the volunteers recruiting on a statewide basis for all facilities and programs in the agency.

The following projects and assignments were completed by the Public Information Director I:

1. Redesigned *Images*, the SCDMH quarterly employee newsletter, into a tabloid format.
2. Held a workshop to give ten facility "reporters" a crash course in Journalism with emphasis on how to recognize, make and write the news.
3. Wrote and disseminated 29 news releases to the statewide media.
4. Coordinated the advance notification of Zoo Day for the Handicapped for the sponsors, Mrs. Nancy and Senator Strom Thurmond. This included design and layout of fliers and mailing of these fliers to participating agencies and interested persons.
5. Wrote the copy and took slides and photographs for and assisted in the graphic design of a new SCDMH brochure and presentation folder.
6. Wrote speeches for Dr. William S. Hall, for S. C. Mental Health Commission members and several legislators who were speaking about mental health issues.
7. Edited the SCDMH Weekly *Bulletin*.
8. Drafted Resolutions for use by the S. C. Mental Health Commission.
9. Produced television public service announcements advertising the SCDMH Office of Volunteer Services.
10. Designed and published a Special Edition 1984-85 Service Award pictorial issue.
11. Did graphic design and layout for the following projects:
 - Advanced Studies on Aging Spring 1985 — flier
 - SCDMH advertisement for the State Telephone Directory
 - C. M. Tucker, Jr. Order of the Brick Luncheon — program

- Dowdy-Gardner Nursing Care Center Dedication Ceremony — program
- National Volunteer Week — poster
- Harris Hospital bronze plaque — wording
- Hall Institute bronze plaque — wording
- Harris Hospital Dedication — program and invitations
- William S. Hall, M. D. Retirement Recognition Dinner — program, tickets, slide presentation, place cards and posters
- 12. Handled requests by various civic, church and educational groups for speakers.
- 13. Handled requests for SCDMH information, brochures, pamphlets, and statistics.
- 14. Handled media coverage for special events.
- 15. Took photographs and slides, kept photo, negative and slide files.
- 16. Kept up-to-date biographical data files on key personnel.
- 17. Chaired the SCDMH Outstanding Employee Selection Committee for 1985.
- 18. Acted as the SCDMH representative for the S. C. State Documents Depository Act.
- 19. Compiled, edited and prepared for publication the SCDMH 1983-84 Annual Report.

ASSISTANT STATE COMMISSIONER

COMMUNITY SUPPORT PROGRAM

The Department of Mental Health's Community Support Program (CSP) which was launched on July 1, 1983, continued into its second year. The goal of the program was to reduce the number of long-term (one year or more) patients who were residents of the psychiatric hospitals. Over 500 patients were targeted for potential discharge in the first year of the program. Of these 481 patients have been discharged. Seventy-five of these patients have been readmitted and this 16 percent readmission rate compares very favorably with the experiences of other states.

State level efforts have continued to focus on training and retraining of staff, the development of new concepts of the scope of treatment responsibility for people who have a chronic mental illness, and the development of new treatment methods. A federal grant initially received in 1983 has contributed significantly in assisting to meet these challenges. Significant progress has been made in developing family and consumer self-help groups and in the development of residential alternatives on the local level as well.

In addition, linkages between the hospitals and community mental

health centers have continued to improve. Through monthly meetings policy issues are addressed; problems, needs, and solutions are dealt with; and discharge planning for patients is discussed.

Centers have increased their supervision, consultation, and assistance to community residential facilities significantly. They have also worked to develop homes for young, elderly, or severely disabled patients who have special needs.

A major event this year was the first Community Support Program Conference in which professionals, patients, and families met together to discuss the needs of and issues in providing appropriate services to people who have a severe psychiatric disability. National leaders provided training in vocational programs, self-help, voluntarism and residential alternatives.

EMERGENCY STABILIZATION PROGRAM

Current admission statutes along with insufficient local alternatives to state hospital care have made continuing progress in reducing emergency admissions to the central institutions difficult to achieve. The focus in fiscal year 1985 has been to maintain system improvements that were initiated in fiscal year 1984, and system planning for the future.

Six components of a comprehensive local emergency stabilization system were defined, the presence, absence, and need for improving each component in each catchment area assessed and center plans developed to implement and/or improve each component. The six components were:

- Component I:* Telephone Service: Twenty-four hour telephone answering service with on-call staff.
- Component II:* Face-To-Face Intervention: Using both a walk-in mode and an after hours safe site, the capability to assess and evaluate persons in crisis by professionally trained staff 24 hours a day.
- Component III:* Intensive Case Management: The capability to provide intensive follow-up, monitoring and linkage for high risk revolving door patients.
- Component IV:* Structured Intensive Care: An intensive day treatment program for persons in crisis who require medication, reality orientation, survival skills, supervision and counseling in order to become psychiatrically stable.
- Component V:* Short-term Holding Unit: The capacity to keep someone in a secure environment for not more than 72 hours in order to evaluate and treat for referral to a longer term treatment program.

Component VI: Short-term Stabilization: A non-hospital based 24 hour program for people in crisis who will require intensive intervention and treatment for several days up to an average of three weeks to stabilize.

These components together represent a system care that can provide local alternatives to state hospital care. Fully implemented the system would result in more appropriate use of state hospital care. To fully implement comprehensive emergency stabilization systems in each catchment area of the state will require additional state appropriations and other system improvements such as commitment law revisions.

Fiscal Year 1986 efforts will be devoted to a continued expansion and refinement of the stabilization components necessary for an effective statewide emergency response.

DIVISION OF PLANS AND PROGRAM SERVICES

The Director of Plans and Program Services, under the general supervision of the Assistant State Commissioner of Mental Health, coordinates Department Planning and Program Development and directs the following Program Offices:

- Office of State Plans and Grants Development
- Office of Primary Prevention
- Office of Youth Services
- Office of Mental Health Services for the Aging
- Office of Volunteer Services
- Office of Statistics and Research

With the issuance of the Report of the Legislative Audit Council and the Report on the S. C. State Hospital by the U.S. Department of Justice, the Division of Plans and Program Services has been extensively involved in formulating plans and developing program initiatives which would resolve the issues raised in the two Reports in a beneficial and progressive manner. Extensive liaison with the Governor's Office, Advocacy Groups, other State agencies and external groups and individuals has been undertaken by the Division in order to assure an appropriate and Statewide response to the issues.

Office of State Plans and Grants Development

During 1984-1985 this Office was renamed to reflect the Office of Program Coordination with special emphasis on managing the Medicaid Program for the Department. Some of the responsibilities will be retained, but the primary focus will be managing the Medicaid Program.

During the year two Certificate of Need Applications were completed (126-bed ICF-MR Program and the 220-bed ICF-MI Program located in Rock Hill, S. C. as a special contract with Ebenezer Nursing Home, Inc.). This Office has maintained the following programs: Outpatient Community Mental Health Service Quality Assurance Standards, the Outpatient Clinic Service Optional Program, the designation of clinic service as rehabilitative service and maintained reimbursement on the same level as the private sector rates. In addition, reimbursement is being sought for the Basic Care Service; hopefully, a new outpatient service sponsored by Medicaid. All institutional Medicaid contracts are in place. Also this Office has maintained involvement with the Congressional Delegation on matters that concern Mental Health.

For FY 1985-86, the major goal is to hire additional staff and constitute a Task Force on Medicaid issues.

Office of Primary Prevention

Budget limitations prevented the staffing of this office but Primary Prevention programs continued during FY 1984-85.

Prevention as it applies to the elderly signifies a cooperative attempt by the individual and another party to offset a possible problem from occurring, or if the problem exists, to stabilize or minimize its exacerbation. Important in primary prevention for the elderly is that they assume a good share of the responsibility in planning the necessary action as it affects their well-being. Therefore, basic to any project with the elderly is, (1) to allow the elderly responsibility in the planning and implementation in any effort concerning them, and (2) to provide the elderly with the facts about normal aging. The Neighborhood Family (NF), a medical, psycho-social model which this office has been urging as a concept for providing mental health services in the community mental health centers is a good example of primary prevention. The Orangeburg Community Mental Health Center is in its initial NF developmental phase with fifteen elderly clients where primary prevention can be observed in action. With the training and presence of the Geriatric Specialists, other centers are actively seeking consultation from this Office for the implementation of NF's in their centers.

Consultation has been provided to individuals from the Veterans Administration, The Recreation Department, other State agencies and to individuals within the SCDMH in various aspects of primary prevention. And, conversely, at the request from other agencies, this Director has participated in planning conferences regarding education about aging in the schools and in the presentation of lectures on retirement to industrial plants in the area.

Prevention is a major focus in children's services. Special projects have

included Community Mental Health Services intervention with children of psychiatrically hospitalized parents; consultation and training to strengthen parenting and caretaker skills; early consultation and diagnosis designed to ameliorate or prevent serious mental illness. The Hall Institute in training, outpatient services, and the Diagnostic Nursery School Program, emphasizes prevention activities. The new "Crisis Stabilization" Program at S. C. State Hospital, seeks to enable children to regain control without prolonged state hospitalization or incarceration. The Department has actively collaborated with various groups to emphasize State prevention efforts, e.g., the Governor's Child Development and Early Education Advisory Council; the S. C. Primary Prevention Council; the National Network Project directed by Washington, D.C.'s Georgetown Medical University.

In-service programs continued to offer opportunities for staff and volunteers in the area of health education and Department employees participated in the State's Wellness Week Activities and Health Fairs.

Office of Youth Services

Nine thousand cases served by the Department were children age one to seventeen years old. This population was served in five basic programs: Community Mental Health Center services in 50+ locations; hospital services (S. C. State Hospital age 6-17 and Bryan Psychiatric Hospital for acute care age 16+); Morris Village Young Adult Program (residential substance abuse treatment); and the William S. Hall Psychiatric Institute (training with outpatient, day-treatment, and adolescent residential services). Specialized services include: Community Treatment Homes associated with community mental health centers (increased to 42 beds); Autistic Programs serving over 800 children in nine locations, will add a third residential home (for respite care); the Hall Institute's Diagnostic Nursery School program and research projects (e.g., Childhood Depression); and many special projects and training activities. Instrumental in the enhancement and success of children's services, has been the continued leadership of the Department Children and Youth Council which provides a ready task force to address child issues and represents dedicated professionals serving children and their families. This Office of Youth Services serves as Council resource and provides Departmental program service coordination and liaison for other State groups.

Of special interest is the establishment of a children's crisis stabilization program at S. C. State Hospital (two additional sites will be selected with new legislated funds); the new Harris Psychiatric Hospital will open soon to provide 30 additional beds for acute psychiatric care for the 14 Piedmont counties and for multiple handicapped youth on a State catchment basis; the long advocated remodeling and expansion of facilities and

staff for Child and Adolescent Services at S. C. State Hospital is underway with completion early next year.

Other major activities have focused on: the S. C. Continuum of Care for Emotionally Disturbed Children (the Department is one of ten Continuum State partners who serve children); the Governor's Children's Coordinating Cabinet; the Governor's Case Resolution Commission (focuses on inadequately served children); the Governor's Child Development and Early Education Committee advocating services for children age 0-6; the Mental Health Association of S. C.; and State Mental Health Representatives for Children and Youth as a national resource. A new, evolutionary step will occur soon with the Commission's decision to create a new Department executive for children with responsibility and resource authority for children's services in the Department.

Office of Mental Health Services for the Aging

The Office for Mental Health Services of the Aging provides technical support and assistance to community mental health centers (CMHC's) and to organizations in the public and the private sectors. Its director represents the Commissioner and the Department of State councils, on interagency committees and on the Governor's Resource Panel-Implementation Committee as the Chairman of the Community Services Options Section.

This Office provides training to personnel within the Department and to staff from other service providers. A goal for this decade is that all CMHC staff who work with the elderly mentally-ill clients will be knowledgeable in the comprehensiveness of geriatric services and in the use of assessment tools specific to their clients. This Office developed the first 42 hour in-service clinical geriatric training curriculum and subsequently invited the Hall Institute to become a co-sponsor. The Director of Education of WSHPI supports the current training and provides technical assistance and consultation. The curriculum is also endorsed by the USC College of Nursing, director of Gerontological nursing. Clinical Geriatric Training addresses three areas: (1) skills training, (2) geriatric information and (3) attitude change; students earn 3.9 CEU's for 42 hours. The program is limited to individuals who are currently working with elderly mentally-ill clients and to administrators who supervise staff with an elderly case load.

The purpose of the geriatric training is to provide CMHC directors with staff who have completed the geriatric training in direct-service positions with elderly clients. With this in mind, CMHC's will have the opportunity to send current and new personnel to this program over the future years.

GSAC

Graduates from the first training course constituted themselves into a Geriatric Specialist Advisory Council (GSAC). The purpose of this formally structured organization is to advocate for the elderly in their centers and communities; and to recommend elderly services for implementations. This Office is dedicated to developing the GSAC into an effective constituency of professionals which can work through the bureaucratic maze in achieving self-determined goals. This year, the GSAC has critically examined four major issues: the role of the Geriatric Specialist (GS) in the CMHC; the critical services for a mentally ill elderly population; their own continued education and training, and legislative issues. A Position Paper addressing these subjects will be published in late 1985.

Pilot Project

Reconnecting elderly community care home residents who are CMHC clients with other people in the community or in an institutional setting, in a positive and helpful role was the primary function of a ten-week pilot project. The evaluation results concluded that the program did have a remarkably positive effect in enhancing the participants' self-esteem and general outlook on life. The program is now ready to go statewide. In the pilot project elderly clients living in Community Care Homes were screened, trained and placed as visitors to hospitalized elderly patients. Selected Dowdy-Gardner staff, Columbia Area Mental Health Center staff, the State directors of Volunteers and this Office are planning a "How-To" morning workshop in the Fall (1985) for hospitals, and CMHC staff who want to involve their elderly clients in a service activity.

Other Areas

- Assistance to several community mental health centers which have become involved in developing Neighborhood Families (NF).
- Assistance to outside agency personnel in developing their own caregiver support groups.
- Invited participation with church groups and with individuals in developing aging programs.
- Continued participation on State and Mid-Carolina boards which are primarily concerned with aging and legislative issues.

Office of Volunteer Services

During FY 1984-85 the Department of Mental Health averaged 909.9 volunteers who contributed a total of 66,665.8 hours, a 61% increase in hours over 1983-84 figures. At the \$8.00 per hour wage scale recommended by VOLUNTEER (National Center for Citizen Involvement), the Department's volunteer hours are valued at \$533,326.40.

Two new volunteer programs were developed during 1984 at Dowdy-Gardner Nursing Care Center and William S. Hall Psychiatric Institute. Pet Therapy programs continue to expand and the Richland-Lexington SPCA won the Columbia Mayor's Award for their Midlands' program.

This Office continued to provide consultation and training to staff and volunteers. In addition, a Volunteer Handbook was developed and provided to all volunteers.

In July and again in May the Mental Health Association in S. C. and the Office of Volunteer Programming sponsored a tour of mental health facilities designed to acquaint volunteers with the special programs and needs of each facility. Through the MHA, continued Community Boarding Home involvement was also promoted.

Coordination of programming efforts continued with the Academy for Pastoral Care through membership on the CPE Advisory Council and with CPE student involvement in projects involving the volunteer community.

Recognition continues to be a key element in our volunteer programs and volunteers were recognized locally and on a State level for their invaluable support in the delivery of mental health services. Mr. Lurie Foster, nominated by Crafts-Farrow State Hospital, received the Department's Outstanding Volunteer award and the award for Outstanding Staff Support to Volunteers was presented to Ms. Branda Taylor, nominated by Columbia Area Mental Health Center. Mrs. Betty Stinton, Crafts-Farrow Volunteer, received the prestigious Governor's Award for Outstanding Volunteer Service.

Office of Statistics and Research

This section operates and maintains the Community Mental Health Services Client/Staff Information System and the Hospital Patient Statistical System. Routine reports for users throughout the Department are produced on monthly, quarterly, and yearly basis from these two systems. During the past year the Hospital Patient Statistical System was completely re-programmed to provide faster turn-around and more data to users.

The section processed over 215 special data requests which required 204 manhours to produce during the year. The majority of the requests were filled by special handling of the data within the two systems. There were two special projects completed during the year.

The section is involved with program evaluation for Community Mental Health Services and has expanded its involvement with Quality Assurance, generating reports as needed and offering technical assistance.

The section assists the various facilities by providing them with data for Department of Health and Environmental control's annual survey.

DIVISION OF INTERNAL AUDIT

With limited resources, the Division of Internal Audit continued to provide management consultation to all levels of management at the DMH. The audit coverage for this period included more reviews of activities and organizations within the administrative sections of the Department. As a result, numerous recommendations were implemented to strengthen internal accounting controls at the Departmental level.

Operational audit services continued to be provided at the Mental Health Centers as needed. Audit services were also provided for the Central Warehouse, the four Pharmacies and the three Canteen Operations. Various other activities were appraised, including: 1) the Patient Fee Note Account; 2) Care and Maintenance Receipts; 3) Employee Housing Policy, and 4) Drug Fines. The Internal Audit staff assisted the State Auditor's Office and the Procurement Code Auditors in their evaluation of the Department's system of internal accounting controls.

Quarterly meetings were held with the Audit Committee (South Carolina Mental Health Commission) to discuss and report significant findings and recommendations articulated in audit reports. This form of reporting continued to be essential in maintaining and enhancing the independence of the audit function.

Prior to the end of the fiscal year, the State Commissioner established the Audit Risk Analysis Committee. This committee is composed of top level managers from all organizational components of the SCDMH. This group will advise and recommend to the Director of Internal Audit where audit resources will be most effectively used. The audit staff looks forward to working with this committee on the development of its audit schedules and plans for the current and future periods.

DIVISION OF PUBLIC SAFETY/SECURITY

During FY 1984-85 the Division of Public Safety Services experienced growth through the opening of the Patrick B. Harris Psychiatric Hospital in Anderson, S. C. and the addition of the Forensic Court Unit, located on the State Hospital Campus. As a result, the Public Safety Division experienced an increase in the number of uniformed Public Safety Officers.

The Public Safety Services Division received a number of assist and transport calls. There were 23,535 assist calls and 4,331 transport calls answered. A total of 267,530 miles were logged during FY 84-85. Public Safety continued to conduct a number of searches, which resulted in over 5,720 reports written concerning contraband. 263 summons, 1,158 warning tickets, and 2,026 decals were issued by Public Safety. In addition, the

Office of Public Safety made over 450 criminal record checks for the Personnel Section within the SCDMH.

The Public Safety Division was successful in certifying a total of ten of our Officers through the Criminal Justice Academy. Eight Officers were certified in Basic Law Enforcement Training, one Officer was certified in Fire Arms, and one Officer was certified as a Basic Instructor, completing a total of 2,680 hours of training.

The Investigative Division of Public Safety Services also experienced growth during the past fiscal year. This Division was responsible for investigating over 700 complaints from all the mental health facilities, including the seventeen mental health centers located throughout the State.

The Fire and Safety Surveyors in the Public Safety Division held numerous fire and safety inspections and fire drills. Various fire and safety films were shown to new employees during in-service and orientation classes.

The goals for Public Safety during the coming fiscal year include: (1) implementation of new training programs, to include: Firearms, How To Recognize and Handle Abnormal Persons, and Basic Law Enforcement Training. The S. C. Criminal Justice Academy will be assisting the Division of Public Safety in the implementation of this training. (2) Expansion in the Investigative Section in order to handle the increasing case load. (3) The implementation of a computerized system for records maintenance and office management for the entire Division of Public Safety Services, which will include direct computer tie-ins with SLED, and all mental health facilities of the Department of Mental Health.

DIVISION OF ADMINISTRATIVE/HUMAN RESOURCE SERVICES

The Division of Human Resource Services is responsible for coordinating and administering all Human Resource Services for the Department of Mental Health which includes the Administrative areas, nine clinical facilities, and seventeen Mental Health Centers, for a total of 5,090 employees. With the change from Personnel Services to Human Resource Services in fiscal year 1984-85, this Division began to redefine its philosophies, services, and responsibilities to better meet the needs of the Agency and its employees in a more comprehensive and coordinated manner.

In an effort to remain in compliance with all current rules and regulations, this Division has maintained an on-going review of state and federal legislation, Human Resource Management and Departmental guidelines, and Directives. In fiscal year 1984-85, of the fifty-seven

Departmental Directives originating from this Division, twenty-seven required complete revision. Additionally, this office generated numerous communications to keep all employees informed of policy changes in a timely manner.

The Division of Human Resource Services is divided into four operational sections under the supervision of the Director of Human Resource Services. These areas are:

- Employment
- Classification and Compensation
- Personnel Benefits and Services
- Employee Relations

The following reports provide summarized information of the activities of each section for fiscal year 1984-85.

EMPLOYMENT ACTIVITIES

During the fiscal year 1984-85, Human Resources Employment Operations actively participated in recruiting and hiring qualified individuals for the Department. Human Resources Employment Operations' efforts in the Nurse recruiting area included 13 trips to different schools of Nursing in South Carolina, Georgia and North Carolina. A total of 241 R. N.'s and L.P.N.'s were employed by the Department, an increase of 18% over last year. Also the Department was represented at the S. C. Student Nurses Association Annual Meeting in Myrtle Beach, S. C., the Georgia Association of Student Nurses Annual Convention in Atlanta, Ga., the N. C. Student Nurses Annual Convention in Asheville, N. C. and the S. C. Nurses Association Annual Legislative Workshop.

Human Resources Employment Operations conducted a total of 9,477 interviews, a decrease of 1% over last year, resulting in the employment of 1,181 people, an increase of 20% over last year. In addition, 330 certificates of eligibles were requested from the Interagency Merit System for Community Mental Health Services, a decrease of 9% over last year.

The Job Line Service, an automatic telephone answering system with a recorded announcement of all job vacancies available 24 hours per day, 7 days a week, answered 16,524 calls. The system of posting the vacancy list in the facilities and in the weekly Job Available listing was continued. This along with the Job Line has allowed many employees the opportunity to apply for higher level positions and thus obtain upward mobility and career advancement. Human Resources Employment Operations also coordinated an extensive advertising campaign for R. N.'s and L.P.N.'s, consisting of weekly advertisements in the local papers and national advertisements for speciality positions.

	<i>Interviews Conducted</i>	<i>Number of People Employed</i>	<i>Total</i>
July	1,023	97	1,120
August	1,116	78	1,194
September	612	126	738
October	999	115	1,114
November	623	102	725
December	565	58	623
January	691	104	795
February	310	91	401
March	263	70	333
April	570	103	673
May	738	65	803
June	<u>786</u>	<u>172</u>	<u>958</u>
Total	8,296	1,181	9,477

Employee Relations

The departmental Employee Relations Manager held 318 individual counseling sessions which involved 124 employees. In addition to individual counseling, there were several meetings with supervisors and other facility officials.

The departmental Employee Relations Manager held monthly meetings with the Facility Personnel Representatives to discuss departmental and state policies; fund raising campaigns sanctioned by the Department; specific individual facility employee relations problem areas and mutual employee relations functions. Occasionally, representatives from other sections of the departmental Human Resource Services office were invited to these meetings to impart knowledge on current issues within their areas of expertise.

There were fifty-three step one and thirty step two grievances held within the Department. Fourteen step two decisions were appealed to the State Employee Grievance Committee. Seven of these fourteen are still pending. Four step two decisions were appealed to the State Employee Grievance Committee and were resolved through the mediation process without hearings.

Employees of the Department filed four complaints with the S. C. Human Affairs Commission and the U. S. Equal Employment Opportunity Commission. These complaints necessitated the compilation of enormous amounts of data and generated several meetings with these agencies.

The SCDMH conducted the annual United Way Campaign during the months of September, October and November, 1984. A goal of \$35,672.62

was assigned to the Department (\$13,463.13 more than the amount contributed last year). A total of \$19,707.32 was contributed during the campaign for 55.24% of the assigned goal.

The SCDMH conducted its Annual Good Health Appeal Campaign during the months of March, April and May, 1985. Employees contributed a total of \$7,609.63.

The Department conducted its United Black Fund Campaign during the months of September, October and November, 1984. Employees contributed a total of \$2,512.86.

The Department conducted its Human Endeavor Campaign during the months of September, October and November, 1984. Employees of the Department contributed a total of \$1,431.63.

Classification — Compensation

During fiscal year 1984-85, 18 different studies were conducted by the Personnel Office in conjunction with the Division of Human Resource Management. Those studies involved approximately 350 employees and approximately 67 changes in classifications and/or grades.

The state merit increase program was continued. Employees eligible for merit increases were given 1.9 percent for meets performance requirements and 3.4 percent for exceeds performance requirements.

The state longevity program was also continued. Classified employees who were at the maximum of their paygrade and had not received a salary increase for the past twenty-four months, other than base pay (general) increases were eligible for a five percent longevity increase.

In addition, a 10% special salary adjustment was awarded to all RNs who had been employed continually with a state agency since 05-21-82. This increase was effective 07-17-84.

On 07-16-84, Beckman Center experienced a reduction-in-force which affected one employee, a PT Cook's Helper. Also, as a result of the consolidation of Food Production at Crafts-Farrow State Hospital and South Carolina State Hospital, a reduction-in-force was conducted which resulted in the termination of 13 employees on 08-16-84.

EMPLOYEE PERFORMANCE MANAGEMENT SYSTEM ANNUAL REPORT

<i>Facility</i>	<i>Exceeds</i>	<i>Meets</i>	<i>Total</i>
DA/HRS	72	298	370
CMHS	245	397	642
SCSH	245	557	802
CFSH	146	576	722
DGNCC	33	156	189
BPH	68	261	329
BMC	62	113	175
PBHH	2	2	4
WSHPI	59	126	185
CMTHRC	35	272	307
MV	36	85	121
SP	29	62	91
TOTAL°	1,032	2,905	3,937

LONGEVITY INCREASE ANNUAL REPORT

<i>Facility</i>	<i>Total Number of Increases Per Facility</i>
DA/HRS	29
CMHS	28
SCSH	101
CFSH	81
DGNCC	21
BPH	10
BMC	12
WSHPI	28
CMTHRC	31
MV	8
SP	9
Total°	358

PERSONNEL SERVICES AND RECORDS ACTIVITIES

A total of 406 service emblems were awarded to those employees who had reached the 10, 20, or 30 year milestone during the 1984 calendar year.

In the Division of Administrative/Human Resource Services, Division of Plans and Programs, Division of Financial Services, 26 ten year emblems, 6 twenty year emblems, and 6 thirty year emblems were awarded for 1984.

A total of 894 employees terminated from employment. The annual rate of turnover, based on an average of 5,100 employees, was 17.5%. This represents a .1% decrease in turnover. The re-employment status, based on the reasons for separation from employment during the Fiscal Year 84-85 is shown in Chart I.

A total of 1,766 Reports of Injury were received in Personnel Services, 337 of these reports were processed through the State Workers' Compensation Fund. \$133,405.97 was paid out for medical expenses only. The total amount paid out for medical expenses, lost time and miscellaneous expenses was \$378,940.93.

CHART I

Reasons for Separation from Employment during Fiscal Year 1984-85
(6-17-84 to 6-2-85).

A. WOULD REHIRE EMPLOYEE	
01. Maternity	03
02. Returned to school	57
03. Lay off of surplus employees	00
04. Better pay, non-state	33
05. Better opportunity, non-state	61
06. Better working conditions, non-state	05
07. Going into business for self	11
11. Different job with state, different agency	63
12. Job eliminated and/or reduction in force	20
13. Moved out of job area	67
14. Military service	06
15. Termination of temporary contract	53
16. Other (explanation in remarks)	77
49. Personal, did not take another job	73
B. MIGHT NOT REHIRE EMPLOYEE	
50. Resigned voluntarily, but mediocre working results	11
51. Ill health	26
52. Difficulty with fellow employees, but resigned voluntarily	02
53. Excessive absence, tardiness, or discipline problem but resigned voluntarily	11
54. Difficulty with supervisor	01
55. Misconduct	00
56. Violation of rules	05
57. Refused transfer	00
58. Discontent with salary	01
59. Discontent with work	09
60. Other (explanation in remarks)	45
C. WOULD NOT REHIRE EMPLOYEE	
68. Other (explanation in remarks)	31
69. Abandonment of position	43
70. Unsatisfactory working results, but resigned voluntarily	10
71. Unsatisfactory working results, discharged	15
72. Difficulty with fellow employees, but resigned voluntarily	00
73. Difficulty with fellow employees, discharged	00
74. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	04
75. Excessive absence, tardiness, or discipline problem	14
76. Difficulty with supervisor	00
77. Misconduct	00
78. Violation of rules	46
79. Refused transfer	00
D. OTHER	
80. Deceased	10
81. Retired	66
83. Retired for Disability	13
84. Never reported to work (new hire)	01
TOTAL	894

Personnel Actions Involving Employee Changes Totaled 1,630 as follows:

1. Promotions	191
2. Reassignments	142
3. Transfers	153
4. Demotions	21
5. Leave Without Pay	129
(Including Maternity LWOP)	
6. Change in Name	75
7. Change in Hours	43
8. Salary Adjustments	16
9. Extension of Probationary Period	1
10. Reclassification	292
11. Position Status Change	67
12. Reinstatement	4
13. Return from Leave Without Pay	111
(Including Maternity LWOP)	
14. Dual Employment	10
15. Amended Actions	19
16. Change in Social Security Number	3
17. Pay Grade Reallocation	13
18. Funds Adjustment	107
19. Position Title Change	8
20. Appointment	36
21. Termination	24
22. Miscellaneous	165
(Call Back Pay, Slot Number Changes, Etc.)	

A total of 4,418 insurance applications were processed during the fiscal year and are as follows:

Pilot Life Group Insurance	111
Group Optional Life — Metropolitan Life	495
Piedmont Health Care	9
State Dental Insurance	1,578
Blue Cross/Blue Shield Insurance	<u>2,225</u>
TOTAL	4,418

STAFF DEVELOPMENT PROGRAM

Staff Development continues to expand the array of supervisory/management training opportunities for SCDMH employees. A total of 34 courses in this category were conducted this year, including six Management Issues Seminars led by key Department personnel. In addition a monthly management newsletter, edited by the Director of Management Training, is distributed to approximately 1,500 managers and supervisors within the SCDMH.

A Defensive Driving Course sponsored by the National Safety Council, was initiated this year for all employees who operate state vehicles. Designed to promote the safety of patients being transported, as well as the employee, this course will be offered on a continuing basis.

This office assisted the Department in obtaining a grant from NIMH to provide mental health services to the victims of the March 28, 1984, tornado disaster. Other related efforts included a statewide teleconference for community mental health centers on the role of mental health in disaster preparedness and disaster response, a training program available on this subject for future ongoing use, and a series of disaster preparedness programs for facility directors and administrative staff.

The responsibilities of the Department's office of Research Administration (Grants Review Board) have been reassigned to Staff Development. The Board's administrative responsibilities, as well as liaison duties to the HHS Office for Protection from Research Risks, are coordinated by the Director of Staff Development.

The Staff Development Office coordinated a Task Force which developed a consolidated Mental Health Specialist Training Program. This 145 classroom hour curriculum, approved by the SCDMH Commission, will centrally provide initial training for all newly-hired mental health specialists. The program will begin operations in the Fall of 1985.

FOOD SERVICE

The goals of the Food Service Division are to prepare and serve wholesome, attractive foods to patients and employees and to maintain adequate nutritional status for patients on regular and modified diets as necessitated by disease status. To achieve these goals the division is presently composed of a qualified Food Service Administrator, one Registered Dietitian, one Nutritionist II, three Food Service Supervisor III's, Food Service Supervisor I's and supportive personnel.

The nutritionist's function is assisting with developing and evaluating food service for patients and employees by providing nutrition counseling for patients and patient's families and in coordinating nutritional aspects of the patient's care via the medical record and treatment teams. The

nutritionist also acts as liaison between the unit medical staff and Food Service.

During the past year Crafts-Farrow and State Hospital food production was consolidated into one operation for Food Production. This operation is located on the grounds of the South Carolina State Hospital. Food Production has overcome the problems that have arisen from consolidation.

The nutritionist for the Department of Mental Health did a food acceptance survey during the year and the results were good with patients and employees.

A Nutritional Analysis was done on the menus and found them to be adequate in all nutrients. Our goals have been to reduce fat, salt and sugar in the food our patients and employees consumed; this has been accomplished as found in our nutritional analysis.

We conduct a plate waste study monthly to monitor proper temperature of food, food waste, accuracy in serving modified diets and eating habits of our patients. The study is conducted in order to better serve the patients' nutritional needs and observe their likes and dislikes. Menu changes are made from these observations if warranted.

Our goal is to increase fiber in the menus during the coming year and continue with a reduction of fat, salt and sugar.

South Carolina State Hospital

Regular Diets	1,009,292
Special Diets	287,132
Employees	54,593
Guests	80

William S. Hall Institute

Regular Diets	85,305
Special Diets	14,478
Employees	12,877
Guests	119

Columbia Area Mental Health

Regular Diets	1,745
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Long Term Care

Regular Diets	13,809
Special Diets	151,479
Employees	8,286

War Veterans	
Regular Diets	74,568
Special Diets	105,711
Roddey Pavilion	
Regular Diets	123,546
Special Diets	226,790
Employees	13,260
Crafts-Farrow State Hospital	
Regular Diets	749,248
Special Diets	83,925
Employees	29,775
Guests	75
McLendon Hospital	
Regular & Special Diets	82,986
Bryan Psychiatric Hospital	
Regular & Special Meals	190,590
Dowdy Gardner Nursing Care Center	
Regular & Special Meals	204,703
Morris Village	
Regular & Special Meals	161,016
Department of Corrections	
Regular Meals	15,004

DEPARTMENTAL SERVICE OPERATIONS (SUPPLY AND SERVICES — WAREHOUSE)

These operations encompass the operation of a Central Warehouse for all stock items of the Department and maintenance of the Property System of the Department for major movable property.

Responsibilities include the technical supervision of eighteen Facility Supply Points which includes five major Pharmacies, for supplies and fifteen Property Control Points for major movable equipment. This Branch also maintains and monitors the property of the Division of Community Mental Health, which encompasses seventeen Mental Health Centers with fifty-seven Satellite Offices and six Autistic Children's Facilities.

Major highlights of the Fiscal Year operations are listed below:

Establishment of two Major Control Points for equipment as follows:

Patrick B. Harris Psychiatric Hospital
Consolidated Food Production, DA/HRS

Establishment of four Supply Points for control of consumable supplies and drugs as follows:

Patrick B. Harris Psychiatric Hospital (consumable supplies)
Patrick B. Harris Psychiatric Hospital (drugs)
Columbia Cluster, Physical Plant Services (motor vehicle maintenance parts)
Northeast Cluster, Physical Plant Services (motor vehicle maintenance parts)

Major Conversion of Property System Programs allowing the Fixed Assets Section the capability of making all changes to the Property File through use of an on line CRT was accomplished. Fixed Assets Section works closely with the Finance Office which is responsible for recording cost, funding and depreciation data. This conversion also included major changes to the format used on the Monthly Property Listing Printouts.

Separation of Building and Equipment files. Physical Plant Services, Division of Administrative/Human Resource Services was given the responsibility for maintaining both the building files and space files.

Central Warehouse Operation:

Receipts	\$2,951,585
Issues	\$2,916,058

Meat Products and Frozen Foods:

Receipts	\$1,233,070
Issues	\$1,400,570

Total Receipts	\$4,184,655
Total Issues	\$4,316,628

Comparison of total issues versus total receipts indicates inventory control and turnover objectives are being exceeded.

In addition to the above commodities, the Department of Mental Health has received or has firm commitments for receipts from the United States Department of Agriculture through the Food Distribution Division, South Carolina State Department of Education during the Federal Fiscal Year October 1984 through September 1985, commodities as follows:

Seventeen *food items* totaling 28,933 cases, bags and boxes with a dollar value of \$789,140. This represents a modest increase in dollar value of commodities received over prior Fiscal Year. These commodities are received at no cost to the Department of Mental Health.

Disposal of Salvage Property and Scrap accomplished during this Fiscal Year netted the Department a total of \$34,345.

FORMS CONTROL

The Forms Control section manages in excess of 1,497 numbered forms for use within the SCDMH.

The forms unit generates new forms, makes revisions to existing forms, and also provides composition and layout services for numerous other in-house publications.

Additionally, the SCDMH Centrex telecommunications system is managed from this section, with a total of 1,226 inventoried 758 telephone lines.

In December '85 SCDMH will become a part of the new state telephone system. System 85, the new telephone system will impact significantly on DMH telephone users. The present Centrex system will be abolished and all 758 prefixes within SCDMH will change. All telephone sets will be touchtone.

Subsequent responsibility includes all telephone activity and billing, submission of updated materials for the Centrex directory, city telephone directory and publication of the departmental telephone directory.

MICROFILM/RECORDS MANAGEMENT

In November 1984, the Department renewed its contract for microfilm services. Since that time the volume of hard copy records has been reduced by 685 cubic feet, creating 719 reels of quality microfilm. Production volume is expected to increase after the installation of additional equipment to handle our projects. New clinics included in the

microfilm system are Cherokee MHC and Newberry MHC. Other facilities and clinics will be added after their records have met the proper retention periods. In the Records Management area, the Department of Archives and History began a records inventory at Bryan Psychiatric Hospital for the purpose of identifying records of archival and/or historical value. Records of non-permanent or non-historical value will be scheduled for eventual disposal.

PRINT SHOP

The Print Shop is a departmental service operation that serves all the facilities and the clinics and centers statewide.

Printing of flat forms, multi-part carbonless forms, stationery and envelopes, training and educational materials, manuals, booklets, brochures and publications are examples of our printing requirements.

Production statistics for the year were 10,032,529 impressions printed on offset presses and 1,080,305 impressions duplicated on a xerographic duplicator. The overall efficiency percentage was 71.3% for the year.

PHYSICAL PLANT SERVICES

During Fiscal Year 1984/85, Physical Plant Services undertook eight new permanent projects. Four projects were completed and one project reached substantial completion.

Currently, there are twelve permanent improvement projects ongoing.

In spite of the tremendous demands of the Permanent Improvement Program which has required utilization of Physical Plant personnel, services have been provided, as required, to all facilities in the Department.

The goal for the future continues to be provision of effective and timely support and services to all areas of the Department.

DIVISION OF FINANCIAL SERVICES

Accounting

During fiscal 1985 the Accounting Section implemented a new voucher editing program that allows contingent vouchers to be checked against budgeted amounts prior to submission to the Comptroller General's Office for payment. This allows the Department greater control of its budget and reduces the time necessary to correct funding errors. In addition a new on-line Property Accounting system was installed. Plans for fiscal 1986 include further refinements in the voucher processing system and implementation of an on-line Payroll system.

Budget Control

The Budget Control Section was established in November, 1982. The purpose of the section is to make projections of agency revenues and expenditures; to prepare analyses of these projections; to discuss these projections with the appropriate administrators; to assure that proper authorization for these expenditures has been approved by the Budget and Control Board if it is not in the Appropriations Act; and to review all major contracts of the agency.

Business Office

Some of the functions performed by the Business Office are the collecting, receipting and depositing of Columbia area facilities cash receipts, disbursement of all agency funds, and receipting and distribution of the mail for the Administration Building.

Computer Services

The Computer Services Branch consists of the Systems and Programming Section, the Technical Support Section, and the Computer Operations Section, and handles all centralized data processing activities for the Department.

The function of the Systems and Programming Section is to design, program and implement computer programs and systems to perform business applications and to gather and make available patient information.

During the past year, the Payroll/Personnel System was completely redesigned and rewritten in order to provide on-line data entry capability and to facilitate transmission of data to the Comptroller General's payroll system. Other major projects completed during the year were: an on-line Appropriations/Expenditure System, a Patient Billing Contracts System, an Outpatient Reporting System for medical-surgical services, and enhancements to the on-line Purchase Order/Commitment System.

The Technical Support Section provides technical assistance and training to both the Systems and Programming Section and the Computer Operations Section. It also provides technical advice throughout the Department regarding information technology systems.

The Computer Operations Section utilizes programs and systems to enter, store, retrieve and process information and make it readily accessible for use by other components of the Department. This Section operates from midnight Sunday through noon Saturday of each week. The Computer Operations Section is responsible for all data processing equipment. The Computer System now consists of an IBM 4341-2 CPU with eight megabytes of memory, and a disk storage capacity of 2,470 megabytes. There are now 79 terminals and 12 remote printers attached to the system.

Cost Accounting

During fiscal year '85, Cost Accounting incorporated two additional facilities into its reporting system. Because of separate licensing, separate Medicare/Medicaid Cost Reports were filed on Dowdy-Gardner's McLendon and Farmer Buildings for the first time. In spite of this additional workload, all reports were completed and all Federal deadlines met.

In fiscal '86 two facilities will be added: Harris Psychiatric Hospital and the MR/ICF portion of Dowdy-Gardner Nursing Care Center. It will be the goal of Cost Accounting to make their incorporation just as smooth.

Patients Personal Affairs

The major objectives of the Patients Personal Affairs Section are: (1) to obtain maximum financial benefits available to our patients, and (2) to maximize collections for patient care from legitimate sources. During the year this Section worked closely with Departmental facilities and the Social Security Administration in establishing funding essential to the outside placement of patients.

Procurement

A two-year recertification audit was completed at the beginning of Fiscal Year 85/86 which resulted in expanded procurement authority as follows: Pharmaceuticals — \$2 million; Hospital Equipment and Germicides — \$200,000 per category; Hospital Sundries — \$300,000; Underpads and Diapers — \$400,000; and all other Goods and Services — \$20,000 per purchase. This higher certification limit will result in staff making 99% of the Department's purchases at our Agency level. Exceptions are printing equipment, consultant services, ITM equipment and new construction contracts.

We have just completed the major equipping of the new Patrick B. Harris Psychiatric Hospital in Anderson which will continue to be serviced by this office as it begins normal operations.

The Continuum of Care expanded considerably during the past fiscal year and growth was experienced in procurement of goods and services of this facility.

We are entering our second year's contract with the "primary vendor" to provide a majority of pharmaceuticals for facilities, a concept which is proving to be efficient for our pharmaceutical personnel.

S. C. STATE HOSPITAL

South Carolina State Hospital undertook several major organizational changes during the past fiscal year. All treatment programs were re-

organized into seven distinct units based on the assessed level of care required within the patient population. New unit directors were appointed and clinical staff were assigned to each of the units. One program, the Geriatric Program, was discontinued in February 1985 with the relocation of most of these patients to new ICF facilities.

Substantial changes were made in the patient record-keeping system to streamline clinical documentation requirements while maintaining standards compliance.

Physical plant renovations are being accomplished in several buildings on the hospital campus. The Forensic Unit neared the goal of consolidation of all court services within the Cooper Building as building improvements were completed. In addition to those building renovations, new security measures were incorporated to ensure maximum security for patients and staff. The expansion of Child and Adolescent Unit services was initiated as the Wilson Building renovations began. The Ensor Building was renovated to house the Patient and Family Education program which became fully operational during the fiscal year.

Survey and interim reporting procedures were completed for continuing accreditation by JCAH and certification by DHEC. Follow-up to the reviewing bodies is scheduled.

A major focus of the hospital involved the intensive Plan of Corrective Action prepared for submission to the U. S. Department of Justice. In response to the report of deficiencies outlined by that department, the hospital, SCDMH and representatives from the Governor's Office developed in a collaborative effort a detailed plan of action to ensure compliance with recommended changes to remove these deficiencies.

Specific goals established by the facility and its components for fiscal year 1984-85 are defined below, with a final report of achievement or status of each goal at the close of the year.

GOAL 1: Accomplish final reorganization of South Carolina State Hospital into distinct program units based on the patient levels of care required.

S. C. State Hospital accomplished the reorganization of the hospital into seven distinct treatment units effective November 1984. These units are fully operational with patients appropriately assigned according to level of care required. Clinical staff, including appointment of unit directors, are in place. Treatment programs have been implemented in each of the units and are being refined, expanded, or revised as patient needs are identified.

GOAL 2: Revision/streamlining of medical record documentation requirements to enhance quality of clinical documentation and to increase efficiency.

The medical record has been revised to delete a number of forms, consolidate others, and adopt some new forms. These changes have enabled the staff to accomplish appropriate documentation without duplication or unnecessary repetition of medical record entries. A Forms Manual has been prepared to provide the staff with specific instructions regarding the purpose and completion of each medical record form. Training has been presented to the staff on the proper completion of treatment plan forms and these forms have been initiated in each of the treatment units.

GOAL 3: Expand the Child and Adolescent Program to provide more physical space and to provide clear differentiation between services for mentally ill and for those with antisocial/behavior problem disorders.

Plans have been finalized for physical plant renovations and program expansion for the Child and Adolescent Unit. Renovations are in progress and program elements will be incorporated as space availability permits placement.

GOAL 4: Implementation of Patient and Family Education Center program.

The Patient and Family Education Center has been fully implemented. The physical plant improvements were completed and basic curriculum determined. Additional course presentations have been added and the program will continue to expand as needs are defined.

GOAL 5: Complete the renovation of Cooper Building to house the consolidated Forensic Program.

Physical plant and security renovations are nearing completion. The consolidated program has been partially implemented, and additional staff are being selected with intensive recruiting efforts.

GOAL 6: Coordination of pre-release treatment programming with establishment of appropriate alternate care placements in community a part of CSP.

CSP program efforts have been increased to arrange placement of patients identified in the previous year. Liaison activities were enhanced through meetings with departmental, hospital, and mental health center staff members to resolve placement needs/problems.

GOAL 7: Expansion of unit-dose system for medications, through establishment of additional satellite pharmacy to as many of the treatment units as possible.

Plans for the establishment of a S. C. State Hospital pharmacy were completed and approved. Physical space was identified to house the pharmacy and computerized pharmacy services were funded. Pending completion of physical plant renovations and installation of computer equipment, the entire facility will be converted to a unit-dose delivery system with enhanced accountability and record-keeping capability.

GOAL 8: To reduce the hospital census, with the ultimate goal being a hospital census of no more than 700 patients.

The hospital census was reduced from 1,107 on 6/30/84 to 982 on 6/30/85. The Geriatric Program temporarily housed in Wilson Building was relocated to other facilities in 2/85 and efforts to accomplish discharge of all appropriate CSP and non-CSP patients are being addressed as priority concerns.

Specific goals established by the facility and its components for fiscal year 1985-86 are defined below.

Component: Superintendent

GOAL: Complete process of changing from a dual record system to a one record system.

OBJECTIVE 1: To use the one record system on all new admissions beginning August 1, 1985, with facility-wide utilization by January 1, 1986.

GOAL: Reduce census at South Carolina State Hospital

OBJECTIVE 1: To reduce census of hospital by: a) legislation contact; b) improved working relationship with Community Mental Centers; and c) Justice Plan action.

GOAL: Complete training program for all disciplines in treatment planning.

OBJECTIVE 1: To establish a training program to update and improve clinical skills for all disciplines.

Component: Quality Assurance

GOAL: To develop a plan to show S. C. State Hospital is effectively treating patients in a well-managed institution that provides a good environment in which to treat patients.

- OBJECTIVE 1: Establish an ongoing internal survey to assess and correct deficiencies in the physical environment of patients and staff.
- OBJECTIVE 2: Monitor staffing by discipline to effectively use available resources.
- OBJECTIVE 3: Monitor on-going unit Quality Assurance programs and assist with problem areas.
- OBJECTIVE 4: Work with Education and Training to see that clinical skill updates are available to all disciplines.
- OBJECTIVE 5: Monitor minutes of all standing and ad hoc committees for possible issues which hamper goals of the hospital.
- OBJECTIVE 6: Monitor changes in accrediting bodies requirements and keep the Superintendent informed.

Component: Nursing Service

GOAL: To engage in an active recruitment campaign for licensed personnel.

OBJECTIVE 1: Engage in active recruitment efforts by attending S. C. Schools of Nursing during the school year.

OBJECTIVE 2: To plan and develop an action plan via the S. C. State Hospital Recruitment and Retention Committee for the purpose of outlining recruitment activities for the Fiscal Year 1985-1986.

OBJECTIVE 3: Continue advertisement campaign in statewide newspaper. Consider advertisement in other newspapers and magazines.

GOAL: Implement programs designed to retain the current nursing personnel.

OBJECTIVE 1: To continue with the course for licensed personnel entitled *Intensive Individual Work With Patients*. Date of completion for all current licensed personnel is 12/31/85.

OBJECTIVE 2: Engage in a therapeutic group process, as necessary, that will serve as an opportunity for Nursing Staff to ventilate frustrations and concerns in a constructive manner.

OBJECTIVE 3: Develop and implement a course of study that will enable criterion based qualified registered nurses to conduct group therapy sessions by Spring, 1986.

OBJECTIVE 4: To train all nursing personnel in CPR, dealing with choking emergencies and PMAB by March 1986.

- OBJECTIVE 5: To develop and implement a course of study that will serve the mental health specialists in their role as patient care giver to learn how to establish more therapeutic skills with patients by Spring, 1986.
- OBJECTIVE 6: To offer recognition activities for various levels of nursing personnel during the Fiscal Year 1985-1986.
- OBJECTIVE 7: To develop a nursing care plan that will encompass the medical and psychological aspects of nursing care by January, 1986.

Component: Social Work Service

- GOAL: Coordinate more effective discharge planning for all patients who are ready to be discharged from the hospital in cooperation with the treatment team and mental health centers.
- OBJECTIVE 1: Maintain liaison contact with all areas of the state for rapid exchange of information about patients.
- OBJECTIVE 2: Maintain regular contact with mental health center directors.
- OBJECTIVE 3: Establish financial eligibility for all patients ready for discharge.
- OBJECTIVE 4: Increase time spent working with families to improve family relationships.
- OBJECTIVE 5: Increase contact with mental health centers to provide information to help them understand patients.
- GOAL: Provide stronger clinical training for social work services staff.
- OBJECTIVE 1: Develop graduate training program for social work staff at B. A. level.
- OBJECTIVE 2: Encourage all staff to participate in more training opportunities.

Component: Pharmacy

- GOAL: To establish a unit-dose distribution system hospital-wide by developing and putting into operation a totally new central pharmacy.
- OBJECTIVE 1: To begin pharmacy operations with an independent computerized pharmacy package.
- OBJECTIVE 2: To continue operation of the Satellite Pharmacy in the Acute Care Unit.
- OBJECTIVE 3: To establish a comprehensive clinical pharmacy program.

Component: Chaplaincy

GOAL: To provide devotional services.

OBJECTIVE 1: Will provide devotional services each Sunday in the Chapel of Hope.

OBJECTIVE 2: Will provide devotional services on locked wards weekly and biweekly.

OBJECTIVE 3: Catholic Services (Mass) will be provided each Thursday morning in the Chapel of Hope.

GOAL: To provide Chaplaincy service to any patient requesting it, or for whom a Chaplaincy referral is appropriate.

OBJECTIVE 1: Chaplain will respond to each request for service within 2½ days of such request.

OBJECTIVE 2: When staff schedule permits, chaplains will accept treatment team referrals for ongoing individual or group counseling.

OBJECTIVE 3: Chaplaincy will provide seminars on Substance Abuse & Relaxation Exercises as a part of the Patient/Family Education Program.

OBJECTIVE 4: Chaplaincy will provide Substance Abuse groups, Suicide Awareness and Depression groups as part of treatment team on wards at physicians' request.

Component: Vocational Rehabilitation

GOAL: To provide orientation to hospital staff on services provided by the Vocational Rehabilitation Service.

OBJECTIVE 1: To insure adequate skills and knowledge, each staff member will receive in-service training.

GOAL: To provide clinical vocational rehabilitation services to the patients of the S. C. State Hospital.

OBJECTIVE 1: To provide a vocational assessment to include determination of eligibility of Vocational Rehabilitation Services to referrals from hospital treatment teams.

OBJECTIVE 2: To provide Vocational Rehabilitation Services to patients declared eligible.

OBJECTIVE 3: To insure that Vocational Rehabilitation clients, upon discharge, continue to receive appropriate services in the community.

Component: Volunteer Services

GOAL: Increase volunteer participation by 10% or more.

OBJECTIVE 1: Recruit individual and group volunteers for increased volunteer participation.

- GOAL:** Secure larger quarters for Volunteer Services operation.
- OBJECTIVE 1:** Work with Administrative Services to secure a work place that would allow for adequate space for operation of Volunteer Services.

Components: Admissions Unit

- GOAL:** Increase the number/level of treatment interventions within the least restrictive environment for the patients.
- OBJECTIVE 1:** Decrease unit patients population to 120 thus allowing for more direct patient contact hours.
- OBJECTIVE 2:** Obtain full staffing compliment as allocated for Admissions Unit according to the Justice Department response.
- OBJECTIVE 3:** Increase the number of evening and weekend therapeutic activities for all the patients.
- GOAL:** Maintain accreditation by JCAH and demonstrate compliance with requirements for continued Medicaid certification.
- OBJECTIVE 1:** Maintain a comprehensive Quality Assurance program within the unit in order to monitor compliance with all requirements.
- OBJECTIVE 2:** Maintain adequate staff/patient ratios in order to facilitate high quality patient care.
- OBJECTIVE 3:** Provide regular training opportunities for staff regarding intensive, short term problem oriented treatment.

Component: Child Adolescent Unit

- GOAL:** Establish training program for Mental Health Specialists.
- OBJECTIVE 1:** To formulate a training program in the Child/Adolescent Unit for all mental health specialists which will enhance their knowledge and skills in working with child and adolescents.
- GOAL:** Complete renovation of Child/Adolescent Unit.
- OBJECTIVE 1:** To finalize renovation of Blanding Building and expand Child/Adolescent Services at S. C. State Hospital.

Component: Pre-Release Unit

- GOAL:** Assist appropriate patients in reaching their maximum vocational potential.
- OBJECTIVE 1:** To select appropriate patients for vocational rehabilitation.

GOAL: To maintain and promote communication between the Pre-Release Unit and Community Mental Health Centers.

OBJECTIVE: 1 Promote discharge planning.

Component: Developmental Disability Unit

GOAL: Reduce bed capacity to 110 beds.

OBJECTIVE 1: To return those patients who are appropriate to the Department of Mental Retardation.

GOAL: Operationalize all phases of Treatment Program.

OBJECTIVE 1: Implement remaining plans for treatment program.

Component: Forensic Unit

GOAL: Complete renovation of the Cooper Building.

OBJECTIVE 1: To complete renovation and furnishings of the Cooper Building so it provides a secure environment in which to house Forensic cases.

GOAL: Expand therapeutic programs for all Forensic cases who are admitted as treatment cases and all who are retained for treatment.

OBJECTIVE 1: Implement therapy groups for treatment cases in the Forensic Unit.

Component: Management Unit

GOAL: Staff involvement in more therapies/activities.

OBJECTIVE 1: To have clinical staff conduct at least two group therapy/activity sessions per week and complete appropriate documentation in the medical record on each patient.

GOAL: Implement the case manager model for treatment team review.

OBJECTIVE 1: Each patient assigned to Management Unit will have an assigned manager to coordinate appropriate treatment intervention as documented on the approved treatment plan.

Component: Structured Living Unit

GOAL: To evaluate all patients receiving neuroleptic medication in the Structured Living Program by use of the Abnormal Involuntary Movement Scale.

OBJECTIVE 1: To implement an in-service training for medical staff (physicians and R. N.s).

OBJECTIVE 2: To assess current population in the Structured Living Program.

OBJECTIVE 3: To assess all new admissions to the program.

OBJECTIVE 4: To assess patients quarterly.

GOAL: Provide in-service training to staff of the Structured Living Program.

OBJECTIVE 1: To maintain an active in-service committee.

OBJECTIVE 2: To provide a minimum of one in-service session per month in a manner that insures all necessary personnel the opportunity to receive continuing in-service.

Component: Education & Training

GOAL: To foster and encourage the professional growth and development of hospital staff.

OBJECTIVE 1: Provide a monthly average of at least 12 on-campus in-services.

OBJECTIVE 2: Develop and implement pertinent monthly clinical training experiences for clinical staff in response to needs identified via internal quality assurance mechanisms.

GOAL: To provide patient education services equivalent to that of the outside community to patients of S. C. State Hospital.

OBJECTIVE 1: To provide a standard program (elementary and secondary level) for a minimum of 218 school days.

Component: Administrative Services

GOAL: Provide the clinical areas with optimum logistical support by implementing necessary changes and improvements in the areas of Medical Records, Housekeeping, Supply and Service, Financial Planning and Human Resources.

OBJECTIVE 1: To provide comprehensive housekeeping services for S. C. State Hospital.

OBJECTIVE 2: Improve functionability of Supply and Service to more adequately support all disciplines of S. C. State Hospital.

Component: Psychology

GOAL: To coordinate psychology documentation into one record system.

OBJECTIVE 1: Revise psychology testing manual.

OBJECTIVE 2: Establish computerized psychological testing service to all units.

GOAL: To update clinical skills of all psychology staff.

OBJECTIVE 1: Design an individualized training plan for each psychologist to meet professional as well as programmatic treatment needs.

Component: Activity Therapy

GOAL: To set up a year-round activity calendar that would include regularly scheduled activities during the day and special seasonal activities. This calendar would be set up on a quarterly basis.

OBJECTIVE 1: To meet with central programming staff to determine the type of programs needed.

OBJECTIVE 2: To have a rough draft of a 12-month calendar set up listing the activities and times offered.

OBJECTIVE 3: The final draft of the activities calendar completed for 1986.

GOAL: To set up a training program for activity therapy that is skill specific to the type of population that each is working with.

OBJECTIVE 1: To set up an activity therapy questionnaire survey for training needs.

OBJECTIVE 2: To complete an activity therapy committee to review the training data and make plans to set up training sessions.

OBJECTIVE 3: To begin training program that is skill specific.

Component: Risk Management

GOAL: Revise incident reporting system TS-119.

OBJECTIVE 1: To facilitate data input for computer.

GOAL: Monitor risk management activities for correction.

OBJECTIVE 1: A system of notification for problems and problem corrections.

Component: Patient/Family Education

GOAL: Maintain services at a level of intaking an average of 8 students per week and graduating an average of 5 students per week.

OBJECTIVE 1: Participate in New Employee Orientation to motivate referrals to Center by new staff.

OBJECTIVE 2: Adjust catchment unit assignments of Center teacher-advisors to strengthen linkages between Center staff and treatment team members.

GOAL: Strengthen Center outreach services.

OBJECTIVE 1: Develop an outreach class regarding patient rights one time per week to each ward in Williams Building. Coordinate with Cooper Building regarding similar training for retained forensic patients.

OBJECTIVE 2: Develop and publicize a Center Speakers' Bureau to offer short programs with a ward staff co-leader on wards for patients, to be publicized through meeting presentations, in-services, mail-outs, and posters.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S REPORT

Crafts-Farrow State Hospital admits patients 55 years of age and older on a statewide basis. During the year there were 992 admissions, 727 discharges, 136 deaths, 260 transfers out, with an average daily census of 937.

The overall staff to patient ratio is approximately 1:1, with the most urgent personnel shortage area being that of licensed nursing staff. The primary goal for the hospital is to reduce the patient population through relocation of patients to more appropriate levels of care and thereby improving staff to patient ratios for those patients whose needs are most appropriate for psychiatric hospital level of service.

The reports of psychiatric divisions within the hospital are reflected in the following narrative.

QUALITY ASSURANCE DIVISION

As interest in the quality of mental health services has increased substantially in recent years, CFSH has responded effectively to changing quality assurance standards. Through its Quality Assurance program, the hospital provides

- a) procedures for developing and/or revising norms, criteria, and standards for use in measuring the quality of care;
- b) a mechanism for the assessment of quality of care;
- c) methods for concurrent and retrospective quality assurance reviews, clinical care evaluation studies, peer review, and level of care studies;

- d) methods for dissemination of information, feedback of study findings and recommendations to relevant individuals and services involved in the delivery of care, and to the hospital administration;
- e) a mechanism to continually monitor the effectiveness of corrective actions, interventions or changes;
- f) a mechanism to continually monitor the appropriateness and adequacy of hospital programs and services.

On the departmental level, Quality Assurance was delegated to coordinate transfers among the inpatient facilities of the SCDMH to ensure that patients are provided the type and level of care most appropriate to their individual needs. Critical bed shortage in all SCDMH inpatient facilities and lack of alternative placement resources are major factors that greatly hinder the performance of this task.

Annual evaluation of the ongoing Quality Assurance program identified the need for increased use of all hospital departments and services as resources to streamline overlapping review functions, and to help avoid duplication of efforts and programs among hospital departments and services.

EMPLOYEE RELATIONS DIVISION

During the past year the Employee Relations Department has continued to provide employee services. These services included rule and policy interpretations; employee benefits, employee counseling, and employee programs and training.

Policy clarification and/or policy interpretation was accomplished for both supervisory and employee levels during individual (in person and telephone) conferences. Orientation for all new employees also provided a means for further policy clarification and interpretation.

An increase in employee benefit service and the number of insurance actions may be attributed in part to the new dental program.

Service award pins and certificates were awarded to 77 employees who completed 10 years of service; 10 employees who completed 20 years of service and 3 employees who completed 30 years of service.

Thirteen employees retired during this fiscal year with combined service totalling 263 years.

Employees participated in the annual fund drives. Total contributions were: United Way Campaign \$3,167.48; Black United Fund \$625.62; Human Endeavor \$529.13; and the Good Health Appeal \$1,716.07.

Two blood drives were held. Donor contributions continued to be low. In addition to Crafts-Farrow, blood donor areas include G. Werber Bryan Psychiatric Hospital, Earle E. Morris Drug Addiction Treatment Center, Dowdy-Gardner Nursing Care Center and Northeast Cluster (Security

Division and Physical Plant Services). Of the 41 employees who volunteered to donate blood, 36 pints were donated.

Employee Performance Management System training for supervisors continued. Training classes were held on a monthly basis. Ninety supervisors completed the training.

VOLUNTEER SERVICES DIVISION

The year 1984-85 was an outstanding and exciting one for Volunteer Services. Individuals contributed a greater number of hours and group volunteers increased in number. Successful new programs included Pet Therapy, Alcoholics Anonymous and Pre-Trial Intervention volunteers.

Recognizing and honoring volunteers was an important part of the program. Volunteer Coordinator of Groups, Betty Stinton, received the prestigious Outstanding Human Service Volunteer of the Year awarded by Governor Riley. Volunteer, Lurie Foster, was honored as SCDMH Outstanding Volunteer of the Year. Four volunteers received service awards for more than 500 hours since July 1, 1984. Volunteer groups were presented with Certificates of Appreciation to be recognized at their churches during Mental Health Month. Individual volunteers were honored at a Voluntary Action Center luncheon and all volunteers at a drop-in at the Lace House in May.

New volunteers were assigned to Activities, Social Services, Food Service, Registrar, Post Office, Library, Clothing Store, Psychiatric Rehabilitation, Chaplaincy and Nursing Service. One chaplaincy volunteer was granted Clinical Privileges and a Master Social Worker, retired from Veterans Administration, has been a great asset to Social Services. One staff member was recognized for her outstanding work with Alcoholics Anonymous volunteers. The fine work that these highly motivated volunteers have accomplished demonstrates the value of volunteerism at Crafts-Farrow and SCDMH.

The Christmas season brought hundreds of gifts from volunteers throughout the state as well as 43 ward parties and entertainment programs.

A total of 8,365 volunteer service hours included 2,588 hours given by individuals. Using volunteer drivers and Mid-Carolina Mental Health Association bus, 55 trips took patients into the community for sightseeing, shopping, and social hours. The Volunteer Services Clothing Shop served an average number of 103 patients each month. Frequently patients from Morris Village and Bryan Hospital benefitted from use of the Clothing Shop. 247 clothing donations were made during the year. 118 conference, room, kitchen and dayroom activities included meetings, workshops, social affairs, in-service training, cooking experiences and volunteer-patient parties.

Monetary contributions were used for bus trip refreshments, zoo tickets, grooming supplies, stereos, coffee urns and other special request items for patients.

PROFESSIONAL SERVICES DIVISION

Crafts-Farrow State Hospital has continued the re-grouping of patients according to their programmatic needs. In this process, and the development of the Dowdy-Gardner Nursing Care Center-IMD, patients in Building 16 were screened for Dowdy-Gardner Nursing Care Center-IMD acceptance. Patients not meeting criteria for this program but requiring skilled care were transferred to Byrnes Medical Center in order to close Building 16 and transfer Crafts-Farrow State Hospital staff to Dowdy-Gardner Nursing Care Center.

Byrnes Medical Center had 74 of our patients in July 1984 and even though tremendous effort to transfer these patients back to Crafts-Farrow State Hospital has been made, and indeed 186 transfers have been accomplished, we continue to have 60+ patients remaining at Byrnes Medical Center by July 1, 1985. In addition to the transfers back to Crafts-Farrow State Hospital from Byrnes Medical Center, several discharges from Byrnes Medical Center to Nursing Homes have been accomplished by Crafts-Farrow State Hospital staff working out these discharges from Byrnes Medical Center.

We no longer have a medical service and depend upon medical consultations. We transfer patients needing acute medical care to Byrnes Medical Center. Waiting lists of patients for admission to Tucker (patients without behavior problems requiring psychiatric hospitalization but needing nursing care services of ICF or skilled level) and to Dowdy-Gardner Nursing Care Center (patients with behavioral problems and nursing care needs of either ICF or skilled level) have been developed. Seven mentally retarded patients requiring skilled care were transferred to the Department of Mental Retardation, however they indicated they did not have beds for the remaining mentally retarded patients requiring skilled care. In addition to the increased numbers of patients requiring high levels of nursing care on admission, we continue to receive mentally retarded patients on emergency admissions to Crafts-Farrow State Hospital.

In an effort to better evaluate the problems our patients have as well as better understand the resources needed in the community, the Level of Care Form was modified, programs were written and inservices accomplished to collect more accurate patient data. Problems in the collection and computer entry of data are being evaluated and corrected.

It is evident that this office needs a CRT terminal and word processing

capability in order to better collect and enter this data; as well as to improve office efficiency in other areas.

The increased emphasis on proper documentation of patient services to meet standards by the accrediting agencies have increased the typing load in all departments and makes the need of word processing capability important in nursing, social service, and other areas as well.

The law requiring that only licensed personnel give medications has made the implementation of unit dose more important. The pharmacy has modified, additional staff has been obtained (some additional staff may still be needed) and inservicing is ongoing. Building 1, Shand and Davis are now under the unit dose system. Buildings 3, 13, 18 and 2 are to implement unit dose as soon as possible. Patients in Building 6 will soon be under the Mentally Retarded program in Dowdy-Gardner Nursing Care Center-IMD, and unit dose will not be addressed at this time. Unit dose has put an additional load on transportation. Solutions to problems to make this service more efficient are still being worked out.

Psychiatric Residents from Hall Institute are no longer rotating through Crafts-Farrow State Hospital for Geriatric experience.

Crafts-Farrow State Hospital service areas have been grouped into Acute Psychiatric Unit, Long Term Psychiatric Unit, Psychiatric Rehabilitation Program, ICF-MR (Mental Retardation) Program, and Geropsychiatric Program.

Plans have been made to screen MR patients acceptable to the criteria established for the Department of Mental Retardation and transfer these patients to Dowdy-Gardner Nursing Care Center-IMD when Buildings 14 and 16 have been renovated to acceptable MR standards.

A strong effort has been made to identify patients acceptable to alternate care facilities in the community. A Boarding Home level two has been developed in the community to care for patients with minor behavior problems who also require hands on care. This level of patient care would fit the need of patients not needing sufficient hands on care to meet the Long Term Care Intermediate Care Facility standards. Patients are currently being screened for discharge to these facilities.

There has been a continuing effort to encourage continuing education and a monthly CPC. A pharmacy program has been developed in addition to the third annual geriatric program which was presented in 1984. The annual program for 1985 is being planned and again is targeted toward S. C. General Practitioners and Psychiatrists with the hope of improving health care to elderly patients. Several multidiscipline programs have been presented as well.

More emphasis has been placed on utilizing ward meetings to plan and develop services for patients on that ward and administration and quality

assurance has responded to identified needs as well as was possible with current budget restraints.

There continues to be a bed shortage; 928 patients on July 2, 1985 with only 872 available beds. (Additional patients are at Byrnes Medical Center.) Community resources have developed but have not been sufficient to obtain the anticipated projected Crafts-Farrow State Hospital census of 500 patients by July 1985.

There continues to be a very intense effort to identify and discharge patients able to be cared for in the community. Our Level of Care computer programs have been developed to obtain information as to why patients remain in the hospital following discharge. Computer entry of the Level of Care needed by patients on admission to Crafts-Farrow State Hospital as well as the source of the admission is being accomplished. It is our goal to have this data available to Quality Assurance on a monthly basis by August 1985.

Proposed programs are in the process of being written for patients remaining at Crafts-Farrow State Hospital, with grouping of patients requiring similar services. Recommended space, equipment and staffing needs are being identified.

Hopefully these changes can be brought about in order to improve patient staff ratios and improve quality of patient care.

During the year there were 992 admissions to Crafts-Farrow State Hospital with 64 transfers in, 727 discharges, 136 deaths, 260 transfers out and an average daily census of 937.

INTENSIVE PSYCHIATRIC PROGRAM

The Intensive Psychiatric Program consists of the Acute Psychiatric Unit (Building #1) and the Long Term Psychiatric Unit (Shand and Davis Buildings). The Acute Psychiatric Unit serves as the admission and short term psychiatric treatment unit of the hospital. This unit provides a complete mental and physical assessment of each newly admitted patient. This assessment includes diagnosis of problems present, development of an individual treatment plan and classification for the most appropriate treatment level of care with short term therapy as indicated.

Those patients identified as needing long term psychiatric hospital treatment are transferred to the Long Term Psychiatric Unit. Throughout the treatment period in this unit patients are assessed regarding the need for continued psychiatric hospital treatment and are reclassified as indicated for the most appropriate area to provide their care.

Inappropriate hospital admissions and overcrowding of patients in wards remain as problems for the Intensive Psychiatric Program.

PSYCHIATRIC REHABILITATION PROGRAM

This period marks the second year of operation of the P.R.P., also known as the COMMUNITY GATEWAY. During this year there have been a number of changes in the program as it has developed and as both the patient population being served and the array of services in the state's communities have changed.

The program is now located in building #2 with four wards and a total of 124 patients. During the last quarter of this year a number of new staff have been assigned to the program and a number of new programs are being developed.

Over the two years of the program there has been a predictable decline in the functioning level of patients entering the program. This is a result of having discharged the highest functioning patients and is a trend that should continue for some time. The discharge rate has increased slightly, (from 14 to 15 per month) and the recitivism rate has remained the same (15%) for this period.

During the 84/85 year the PRP placed:

- 131 patients in Supervised Boarding Homes
- 30 patients in home or independent settings
- 3 patients at COIL
- 3 patients at the V.A. Hospital
- 1 patient was returned to the courts
- 168 total patients placed in 84/85
- 70 were CSP patients
- 98 were in the hospital less than one year

The primary issues for the coming year include increasing the level of therapeutic programming, strengthening documentation, developing specialized approaches to difficult cases, and positioning the program for possible inclusion in the "distinct part" of the hospital.

NUTRITIONISTS

The Annual Food Acceptance survey was conducted in August, 1984. The survey is completed departmentally and overall results were good. The Nutrition Advisory Committee set five goals to be accomplished in 1985 as a result of the survey: 1. Improve the quality of the bread with the installation of a new bread bagging machine. 2. Serve 2% milk to all patients for better acceptance and less confusion in the dining rooms. 3. Add more foods with fiber to menus. 4. Prepare a nutrient analysis of new menus. 5. Improve temperatures of food.

A new bread bagging machine has been purchased to improve the freshness of the bread and is soon to be installed. Two percent milk is now

being served in all facilities and has reduced errors in serving at CFSH dining rooms. Foods with more fiber have been added to our menus — whole wheat flour is used in bakery products and raw bran is added to food at CFSH. CFSH continues to have problems with food temperatures, but warmers have been installed in the delivery trucks to alleviate this.

A nutrient analysis of the regular diet was done in February, 1985 and was submitted to the Quality Assurance Coordinator. The survey found that the menu met the National Research Council's Recommended Dietary Allowances with the possible exception of Vitamin D from sunshine. One of our goals for 84-85 was to lower the fat content of our menus. This year we decreased the percent of calories derived from fat from 40.9% in 84 to 36.56% in 85. This is much lower than the national average of 45% and is approaching the U.S. dietary goal of 35%.

Plate waste studies were conducted throughout the year to determine food temperatures, food acceptance and accuracy in serving diets. The results of these studies resulted in CFSH serving their own diets in the building dining rooms at breakfast instead of having them prepared at DGNCC diet kitchen. Patients now receive hot breakfast meals and acceptance is much improved.

A new tray system (3 M) was installed in one building dining room to provide hotter meals to our patients. This will be installed throughout the facility as soon as heating modules are available.

Inservice programs were provided by the nutritionists for Food Service, Social Service and Nursing Service throughout the year. The nutritionists have also attended continuing education programs throughout the year to keep abreast of the changes in the field of nutrition.

Goals for FY 85-86

1. Provide inservices for other hospital disciplines
2. Installation of bread bagging machine
3. Audit on Constipation Prevention Program
4. Monitor accuracy of special diet trays
5. Continuing Education

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital during the fiscal year 1984-85 was 130,470. This represents an overall increase of 93.9% over 1983-84.

A total of 5,267 employee prescriptions was filled. Cash collected for these amounted to \$27,654.17 (an increase of \$3,308.22 or 14%).

The Alcohol and Drug Addiction Center at Morris Village was issued 4,403 prescriptions. Individual prescriptions are being filled for the residents at Morris Village.

The unit-dose drug distribution system was initiated on January 22, 1985, at ward 160 (Shand Building) with additional wards being gradually converted to this system. At present time all wards at Shand, Davis and Building I are on unit-dose with drugs being issued to patients as unit-dose, if available, or on individual prescriptions. During the coming year this system will be put into operation at all of the remaining buildings.

The pharmacy continues to provide services for the Dowdy-Gardner Nursing Care Center. A total of 60,255 prescriptions have been issued to patients plus 313 employee prescriptions have been filled. Drugs are issued to patients as unit dose, if available, or individual prescriptions. Clinical services are provided including monthly review of charts and inspection of carts and medicine rooms. A registered pharmacist was hired by Dowdy-Gardner Nursing Care Center on February 2, 1985, to perform the clinical services. A pharmacist technician was hired in March 1985 to assist with drug distribution.

Pharmacists have provided monthly in-service programs to physicians as well as in-service programs to nursing, activity therapy and chaplaincy staff. Pharmacists are also participating in patient-drug education programs.

ACTIVITY THERAPY SERVICE

The Activity Therapies Service is comprised of five areas. Staff assigned to the Library, Greenhouse, Music Therapy, Patient Shopping, and the Activity Therapist, meet the needs of the patients. The Activity Therapy Department maintains a full program from 8:30 a.m. to 8:30 p.m., Monday thru Friday.

The Library has served over 2,657 patients and 2,328 staff members. A total of 2,184 books were checked-out during the fiscal year along with numerous magazines, local newspapers, filmstrips, and movies. Captioned full-length movies continue to be shown each Thursday morning for the deaf and hard-of-hearing patient, and talking books are provided for those patients who have vision-related handicaps. Ward visits provide Bibliotherapy for those patients who are unable to come to the Library. Readings of short stories, poetry, newspapers, and magazines are used to encourage discussion which so often leads to reminiscing, a favorite pastime. The Medical Library has continued to provide resource materials for physicians and other staff members. A full array of journals, periodicals and reference manuals are available.

The effects of the successful horticulture program at Crafts-Farrow are evident on wards, in visiting areas, throughout the grounds, and in specially designed raised flower beds. The patients attend regular hortitherapy groups where they participate in the propagation, cultivation,

and care of a variety of plant mediums. A total of 894 plants were distributed throughout the hospital as a result of this program and the spring vegetable plant sale is one of the most well-attended events held anywhere.

Not only does the Greenhouse staff provide plants for the wards, but also is called upon to provide a countless number of floral arrangements for various functions that are held at Crafts-Farrow, and other SCDMH occasions. In order to meet these needs, raised flower beds were designed to facilitate patients maintaining the beds.

The Music Therapy Department adds a vital part to many of the Chaplain's Ward Services and also provides an enjoyable therapeutic referral group to our patients. The Music Therapy section was cut in half with the retirement, this year, of one of the Activity Therapy Department's original members. The Music Therapist continues to offer Music Groups, Rhythm Bands, Sing-Along Sessions, and also provides entertainment for campus-wide events. The Annual Staff and Patients Talent Show is sponsored by the Music Therapy Section and is a highlight of our Special Events.

The two Patient Shoppers provide numerous special services for the patients. Specially requested shopping for clothing, personal items, trunks, recliner chairs, orthopedic equipment, etc.; are handled for the patients. Canteen shopping is done for those patients who are unable to independently shop. The shoppers also take patients on shopping trips into the community, a vital part in keeping patients oriented to the community. A total of 353 patients were shopped for off-campus and 25 were taken on shopping trips by the shoppers. A total of \$41,312.72 was spent off-campus and in the Crafts-Farrow State Hospital Canteen on behalf of the patients.

The majority of the Activity Therapists are assigned in the Intensive Psychiatric Program, Shand and Building One. Four Activity Therapists are assigned to Davis, Building Six and Building Three.

These Activity Therapists provide therapeutic referral groups and ward-wide leisure activities for the patients. Referral groups are designed to meet identified needs each patient may have. Such groups are Socialization, Remotivation, Reality Orientation, Exercise Groups, Pet Therapy, Current Events Groups, Reminiscent Groups and Recreation Groups. Ward-wide leisure activities include seasonal events, picnics, games, movies, and other appropriate activities.

Seasonal campus-wide activities are sponsored by the Special Events Committee. The Annual Christmas Parade, Christmas Program, Spring Ball, May Day Celebration, Halloween Carnival, and Sweetheart Ball were held this past year.

The Activity Therapy Service continuously strives to provide the

patients an opportunity to engage in meaningful activities of a therapeutic and recreational nature that will assist in the recovery of their health and increase the possibilities of their return to home or the community.

PHYSICAL THERAPY

Month	In	Out	Emp.	Bldg. #1	Patient Maintenance	Total
July 1984	19	164	0	30	114	327
August	0	241	0	25	145	411
September	5	174	0	10	119	308
October	0	228	0	11	98	337
November	183	Column	1	8	68	260
December	181	Discontinued	0	10	41	232
January 1985	177		4	8	98	287
February	110		4	19	78	211
March	155		16	42	87	300
April	168		10	49	70	297
May	193		5	26	110	334
June	159		0	6	95	260
Total	1,350	807	40	254	1,123	3,574

Treatments

July 1984	440	January 1985	433
August	518	February	346
September	437	March	489
October	497	April	460
November	399	May	510
December	362	June	374
Total	2,653	Total	2,612
	2,653		
	2,612		
GRAND TOTAL	5,265		

* Due to the closing of McLendon, all patients became in-patients. Outpatients had referred to patients other than McLendon Building.

SOCIAL WORK SERVICE DIVISION 1984-85

During the fiscal year Social Work Service concentrated on discharge planning which resulted in gaining new knowledge, developing new strategies relating to the problems and needs of the geriatric patients and their families.

In an effort to achieve SCDMH goal of returning patients to their homes or alternate care facilities, applications have been completed for

Medicaid, Supplementary Security Income and Medical Assistance Only on all patients wherever possible. 434 patients were discharged to alternate care facilities throughout the state, with one placement being made in Georgia. Among the 434 patients placed, 160 went to boarding homes, 32 went to community nursing homes, 59 went to C. M. Tucker Human Resource Center, 180 went to Dowdy-Gardner, and 6 went to Mental Retardation facilities.

Having reduced the patient population significantly during the fiscal year the continuing objective of the Social Work Program for 1985-86 is to place patients in the most appropriate of alternate care arrangements. This is the desired end result of Long Term Habilitative treatment.

CHAPLAINCY SERVICE ANNUAL REPORT

The Chaplaincy Service provides pastoral care to patients and in a more limited way to families of patients and to staff. Pastoral care for patients has included providing 52 Sunday Morning Worship Services with an average attendance of 78; Roman Catholic Mass was held on 48 weekdays, usually Fridays with an average attendance of 15; 52 Wednesday Vesper Services with an average attendance of 49 and worship on special religious occasions; providing 784 ward worship services with an average attendance of 27 on closed wards; making 8,258 pastoral visits to patients; providing 737 counseling sessions to patients on referral from treatment teams, staff, or at the patient's own request; providing 100 Holy Communion Services in Faith Chapel and on closed wards with 2,327 patients participating and serving 169 patients private Holy Communion; making 99 pastoral visits to seriously ill patients; interviewing and preparing religious information on 1,014 new admission patients.

There were 156 interviews with relatives of patients, 115 counseling sessions with staff and 18 visits to sick hospital personnel.

Chaplains work closely with members of the Interdisciplinary Treatment Teams in the Acute Psychiatric Service and serve as pastoral consultants for other treatment teams.

Burial Services were held for seven patients during the past year. Memorial Services were held for 2 patients and one staff member.

Pastoral Services were provided by a staff of three full-time chaplains. In addition one part-time Roman Catholic Priest, one volunteer chaplain, and two retired community clergymen have also given invaluable service through our department to the patients.

The Chaplaincy Service recognizes the supportive services of two of our staff: our staff musician who provides training for patient choir members and plays the piano or organ for various worship services; and our secretary who does her work very efficiently and cheerfully thus freeing

the chaplains to spend more of their time in direct pastoral care. We also wish to acknowledge and express sincere appreciation to members of the Activity Therapy staff and Nursing staff who assist in getting patients to Faith Chapel Services as well as to the Ward Worship Services.

Chaplaincy staff contribute services and expertise to continuing education for staff and various hospital and departmental committees.

STAFF DEVELOPMENT

Staff Growth and Development's intent is to extend beyond an orientation program or periodic training events. Our program encompasses all levels of staff, begins with a systematic orientation program and provides ongoing growth and development experiences designed to meet identified needs. The program is reviewed and revised in response to the evaluation of the effectiveness of staff education and inservice training programs.

Staff Growth and Development is an integral element of quality assurance. Staff education and inservice training can provide a positive approach to corrective action when problems are identified through the quality assurance program.

Finally, Staff Growth and Development is a prevention against staff burn out. Staff education and inservice training equips individuals in dealing with various occupational stressors.

NURSING EDUCATION

During the fiscal year Nursing Education continued to provide a variety of educational offerings for all levels of nursing staff. To continue to meet objectives of Nursing and Nursing Staff Development Program, offerings were provided in the following components: Orientation, In-Service Education, and Continuing Education.

Orientation Program

Orientation offerings provided assistance for new employees with adjustment to a new role and place. Thirty-five new nurses (14 RNs and 21 LPNs) participated in the Orientation Course for Licensed Nursing Personnel from March 1985 to June 1985. Twenty-one new nurses (7 RNs and 14 LPNs) were individually oriented in the nursing areas from December 1984 to February 1985, due to vacancy in position for Nursing Coordinator of Orientation.

These 43 nurses also spent 1 to 1½ hours in Orientation to the Nursing Staff Development Program. They also participated in a one and one-half hour orientation to Learning Lab resources, seven hours in Orientation for New Employees and six hours in Employee Performance Management System for Supervisors.

Pre-Service Training was provided to twenty-eight newly employed Mental Health Specialists. These MHSs also attended Orientation for New Employees, EPMS for New Employees, First Aid for Choking, Infection Control, and Fire/Safety Review.

In-Service Education Program

Continued on-the-job training was provided for fifty-one MHSs in the Basic Course, twenty-seven transferred to DGNCC during the year.

The Venipuncture Course was taken by fifteen nurses (2 RNs and 13 LPNs).

An In-Service on IVAC, a new electronic thermometer, was provided to all levels of nursing staff on all three shifts by the nursing areas.

Continuing Education

The Annual Fire/Safety Review, taught by the Fire/Safety Officer, was attended by one hundred forty-seven nursing staff.

The Continuing Education Program for Nurses was attended by a total of two hundred twenty-five nurses for the eleven offerings. Attendance averaged twenty-one nurses per offering. Offerings included: "Grief and Loss in the Elderly," "Validation/Fantasy Therapy" (2 offerings), "Relaxation/Biofeedback Techniques," "ANA Standards," "Peer Support Session," "Nurses Legal Responsibilities," "New Drugs and Interactions," "Mobility Problems in the Elderly: Assessment and Intervention," "Comments on Caring," and "Nutritional Needs of the Elderly and Nutrition and Cancer."

A twelve hour workshop on Prevention and Management of Aggressive Behavior was taught to fifty-one nurses.

A three hour workshop on First Aid for Choking was taught to fifty-six nurses and twenty-eight MHSs.

Train the Trainer workshops in First Aid for Choking were provided to twenty-six staff members.

Two Geriatric Aides were oriented to their roles individually.

This fiscal year began with a staff of three Nursing Instructors, one Administrative Specialist A and one Clerical Specialist C, and the Nursing Education Director. The Program Nurse Specialist position was reclassified as a Clinical Nurse Specialist in June, 1985 and was filled in July, 1985. A Clinical Nurse Specialist was reassigned to fulfill Coordinator of Orientation for Licensed Nursing Personnel position in March, 1985. Two new Nursing Instructor positions were obtained in June, 1985, but have not been filled as yet.

ADMINISTRATIVE SERVICES

The Administrative Services Department provides needed supplies and equipment and complete medical records for the proper care and treat-

ment of all patients. The department is responsible for making available a safe, clean environment along with wholesome and nutritious meals for our patients. It insures that the hospital complies with state laws and departmental rules and regulations.

Crafts-Farrow State Hospital was surveyed by the National Institute of Mental Health in October of 1984. While deficiencies were observed in more than one department the most serious one had to do with a shortage of licensed registered professional nurses to, in their words, "insure immediate availability for bedside care of any patient when needed." A follow-up survey by NIMH representatives resulted in recertification of the hospital.

This fiscal year was characterized by some rather significant changes at Crafts-Farrow. Included among these was the consolidation of Food Services with production for Special Diets moving to Dowdy-Gardner Nursing Care Center and regular diets being prepared at the S. C. State Hospital Food Services Division beginning in August of last year. In late January, 1985, CFSH Pharmacy Services began establishing Unit Dose Distribution of drugs in several patient dormitories.

A total of 77 patients were eventually transferred to the McLendon Building from Crafts-Farrow with the completion of remodeling activities in the McLendon Building. The first group of patients was relocated in October, 1984, with the closing of Building No. 16. The third and final stage of the move took place in February, 1985. Some of the Clinic Services including the X-Ray and Dental Departments were placed under the supervision of the Byrnes Clinical Center.

The staff at CFSH has been reduced proportionately with the patient transfers to Dowdy-Gardner Nursing Care Center.

REGISTRAR DIVISION

Admissions and Dispositions — This office is the nerve center of the hospital. It is understaffed — manned 24 hours a day, 7 days a week by one supervisor and 8 clerks who are well trained in admissions, discharges and trips back to communities by patients. They are also trained in computer operations, monitor the fire alarm system, two-way radio system, do paging and back up Security's telephone system when they are away from the gate. This office also has the responsibility of calling ambulances for emergencies and otherwise. They have to keep abreast of all changes in policies in order to operate efficiently. During the fiscal year, these nine people handled 2,206 patient transactions.

Medical Records — This department is responsible for the medical records on all patients. We have averaged a daily census of 937 patients during the fiscal year. The Department projected a census of 500 patients by July 1, 1985. This did not come about. We are operating with a limited

staff due to budget constraints which affect both quality and quantity of work produced.

This office also monitors the court hearings that are held in the hospital such as getting the doctor's reports and assisting in the hearings. By getting the hearings held at Crafts-Farrow a tremendous savings in money and employees is realized; however it puts a strain on Medical Records personnel and physicians by taking them away from their routine duties.

The Department no longer does our microfilming. This is now contracted out and the Contractor requires that the records be precisely the way they want them before microfilming.

Medicare-Medicaid — Buildings 1 and Shand are the only buildings presently certified for Medicare and Medicaid with a total bed capacity of 227 beds. *Post Office and Personal Fund* — These two offices operate at a fast pace. The post office does a large volume of money orders, stamps, etc. The Patients Personal Fund and Cashiers do a large amount of business by disbursing funds to patients, receiving monies, writing receipts and handling a petty cash fund. Also we have an employee who delivers the mail throughout the campus two to three times daily.

SUPPLY AND SERVICE DIVISION

The Supply and Service Division continues to requisition, store and issue supplies to all areas of the hospital and some supplies to other SCDMH facilities including Morris Village, Autistic Children's Center, Dowdy-Gardner Nursing Center and Bryan Psychiatric Hospital. Records on expendable and non-expendable items are maintained and inventories held according to established SCDMH accounting procedures.

We continue to wash bath towels, wash cloths, underwear and socks in our facilities and other items whenever possible to provide clean and adequate clothing and linen for our patients. Other clothing and linen items are still contracted to the Department of Corrections. For the fiscal year there were 2,308,022 pounds laundered by Corrections at a cost of \$317,152. Total charges are based on dry laundered weights.

Sales for the canteen for fiscal year were \$112,914 not including vending machines sales which are handled under contract by Araserve, Inc.

FOOD SERVICE

During the past year, the food production branches from CFSH and SCSH consolidated into a departmental food service so that all meals are now prepared in a central location. The food serving staff at CFSH

remain under the supervision of a newly hired food service supervisor, while the nutritionists remain under the Director of Professional Service.

HOUSEKEEPING DIVISION

Fiscal year 1984-85 was a difficult one for the Housekeeping Division. We have continued to operate with decreased staff while the patient census remains virtually the same. Although there are fewer buildings to service, there has been an increase in patient to staff ratio. We have also assumed several new duties and added responsibilities.

We have continued to maintain a sanitary, pleasant and safe environment for our patients. New products are being tested and evaluated regularly in an effort to increase efficiency and improve services.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

During Fiscal Year 1984-85, the William S. Hall Psychiatric Institute continued to focus on pursuit of our goals of training highly competent mental health professionals and furthering knowledge of neuropsychiatry through research. Dr. Hall retired as State Commissioner of Mental Health at the end of this year, and this event was highlighted by the presentation of a Symposium on Public Psychiatry on June 14 and the establishment of an Endowment Fund for a William S. Hall Professorship in the USC School of Medicine.

The following trainees were in programs at the Institute during the year:

General psychiatry residents — 26

Child psychiatry fellows — 3

Psychology interns — 4

Nursing students — 184

Clinical pastoral trainees — 28

Social work placements — 5

Clinical pharmacy trainees — 32

Recreational therapy interns — 7

Occupational therapy interns — 5

Art therapy interns — 1

Music therapy interns — 4

USC medical student clinical psychiatry rotation — 29

USC medical student clinical neurology rotation — 51

Psychiatry electives — 4

Continuing medical education programs — 376

799 patients were treated as inpatients for a total of 30,187 inpatient days and 1,236 partial hospitalization days. 8,159 outpatient visits were recorded.

The Institute was surveyed by the Joint Commission on Accreditation of Hospitals on May 22 and 23, 1985, under the Accreditation Manual for Hospitals standards. We are awaiting official notification concerning the results of this survey; but, if the summation conference is any indication, we did exceptionally well.

Staff members continued to be very active in research and publications. Thirty-nine journal articles, 12 abstracts, 5 books/chapters, 3 review articles and 10 editorials/book reviews/presentations were published.

The affiliation of the Institute with the USC School of Medicine has continued to be mutually beneficial for both institutions. To underscore this relationship, approval was granted during the year to change the identification of the program to William S. Hall Psychiatric Institute-USC School of Medicine Residency Training Program. The Glasgow Exchange Program and associated activities is still another example of the mutual benefits of this affiliation. One Institute resident is currently completing elective study in Glasgow, and a Glasgow resident completed study at the Institute in June. A videotape on the Exchange Program was produced in conjunction with USC Instructional Services for use in residency recruitment and special medical student education programs. Nine rising sophomore students are scheduled for eight-week Summer Clerkships beginning in June of this year, and nine students completed clerkships in July and August 1984. The clerkships this summer will again be jointly funded by an NIMH grant and the Institute. These clerkships provide valuable experience for the students and excellent support for research activities. In addition, two students will join the Summer Clerkship supported by grant funds from the March of Dimes Birth Defects Program.

Application was made and approval granted to expand the UNC-Duke Psychoanalytic Training Program to include USC under the aegis of the Psychoanalytic Division of the Department of Neuropsychiatry and with the additional faculty support and facilities provided by the Hall Institute. Since the agreement between participating institutions limits training to faculty and residents of each school, acceptance of this proposal is significant for future faculty development, training, and clinical care. One senior Institute resident and one junior faculty member have made official application to the program and, upon their acceptance, will begin training analysis.

Several significant personnel changes have occurred. Dr. Eugene Kaplan was recruited and will be involved in the Psychoanalytic Training Program. Dr. Linda Jackson, a child psychologist also certified in child

and adult psychoanalysis is scheduled to join the faculty in July to assume direction of the Day Treatment Center. Dr. George Rekers, a Diplomate in clinical psychology licensed as a marriage, family, and child counselor has been recruited and will begin in July. Dr. Jean Vike, an outstanding neurologist with experience in sleep laboratory practice, joined the faculty in mid-June and will establish a sleep laboratory within the Institute. Dr. Jeremy Musher, teaching psychiatrist and director of medical student education, and Dr. B. D. Caughman, teaching psychiatrist, also joined the teaching faculty in July. Mr. Leory Barber joined the staff as Associate Director for Administration in October. Mrs. Lilyan Klein, a retiree from the Institute, was appointed on a part-time basis as Volunteer Services Coordinator in August 1984.

A review of Professional Practice Plan activities, in its fifth year of operation, shows continued growth and progress toward meeting the stated goals.

The Health Resources Foundation, under the leadership of Mr. Marshall A. Shearouse, continued to provide support for educational and research activities at the Institute to include support of two resident graduation ceremonies, the annual meeting of the Columbia Medical Society held at the Institute in October, a stipend for a resident's elective study in Glasgow, and the Symposium on Public Psychiatry as well as several small grants in special educational and research areas. Accrued interest from previous donations to the Foundation supported "The Joe E. Freed Award" and "The Director's Annual Award for Excellence."

Dr. Rebecca Tomsyck was the recipient of the tenth "Joe E. Freed Award" for her paper entitled "The Grief Reaction of a Mother/Physician Following the Death of Her Infant." This article was judged the best of four papers submitted for this award.

The third presentation of "The Director's Annual Award for Excellence" was to Dr. Lebert Harris whose selection was based on his activities in developing the psychoanalytic training potential through Duke and Chapel Hill and in establishing the Endowment Fund for the William S. Hall Chair in Psychiatry through the USC School of Medicine.

Due to budgetary restrictions and circumstances beyond our control, we were unable to reopen Cottage D. Plans are underway for the renovation and reopening of this unit, hopefully during the coming fiscal year. The Commission has approved designation of this cottage as "The Marshall A. Shearouse Pavilion."

The accomplishments noted in this report reflect the positive support of the SCDMH and the USC School of Medicine as well as faculty and staff members of the Institute and the Department of Neuropsychiatry in meeting our training and research goals.

ASSOCIATE DIRECTOR FOR ADMINISTRATION

The majority of historical information related to the Office of the Associate Director for Administration is adequately chronicled in the Administrative Services report.

Mr. Lakshman O. Rao was hired in January to fill the Nutritionist vacancy. Since his arrival he has completed his studies for and has been awarded his Doctorate degree in that field. Additionally, he has aggressively demonstrated imagination and initiative in providing nutrition programs for the patients and staff.

The emphasis for this fiscal year has been to continue to improve Administrative Services to the Institute, prepare the Institute for successful surveys by the JCAH and NIMH and to attain goals within fiscal and other resource constraints.

ADMINISTRATIVE SERVICES

Fiscal Year 1984-85 has been one of many changes for Administrative Services. Following the appointment of Mr. Leroy M. Barber, Jr., as Associate Director for Administration, Ms. Deborah Martin was selected as Hospital Administrator. Owing to the increasing workload, a mail clerk was hired for the mail room and to work at the Information Desk. Effective February 2, 1985, Ms. Peggy T. McDaniel was reclassified to Personnel Assistant as part of a reorganization process. A personnel and equipment freeze was experienced late in the third quarter. Ms. Tina M. Lewis, however, very capably monitored the budget and prepared useful budget status reports.

In spite of resource constraints, Administrative Services continued to support the Institute in a manner responsive to its overall goals and needs. The Registrar Division experienced a decrease in admissions and discharges over the previous year. Documentation requirements on the part of licensing and accrediting agencies resulted in an increased workload for the Medical Records section. The decision to encourage Probate Judges to hold commitment hearings at departmental facilities rather than in local communities has had an impact on the Registrar Division since it is the Registrar's responsibility to set up all aspects of these hearings. Approximately 100 hearings were held at the Institute. Finally, the ward clerks were transferred from Nursing Service to this division.

The Institute's Professional Library supports its training and research programs as well as the library needs of the professional staff of all the facilities and community mental health centers of the SCDMH and the Department of Neuropsychiatry of the USC School of Medicine. During October 1984, the Library installed its own in-house computer which

afforded the capability to promptly conduct bibliographic computer searches via a telecommunication system using several national databases. Professional Library staff researched and answered 7,530 reference questions, circulated 13,200 books and tapes, held 48 orientations, and assisted 113 rotating student trainees.

The Media Section provided audiovisual support for Nursing Education, Continuing Education, Institute staff, and the USC School of Medicine. Eleven classes of nursing students from all over the state were oriented in the use of videotape interviews with patients, and each student participated in making a video with a patient as part of the curriculum. The Media Section also provided taping facilities for the School of Medicine's second, third, and fourth year medical students as opposed to last year's second year students only. The Media Section responded to an expanded need for taping services by psychology interns, psychiatric residents, and recreational therapy interns.

The Housekeeping Department provided custodial services for the Institute in order to meet standards regarding cleanliness, sanitation, and infection control. The Housekeeping Department participated in mandatory as well as elective continuing education programs to include Fire & Safety, Infection Control, Prevention of Back Injury, Floor and Carpet Care, and numerous other housekeeping workshops. A daily and weekly inspection report was instituted late in the year to ensure the cleanliness and upkeep of all areas.

Owing to personnel changes in the Supply Section during the second quarter, Mr. Wallace Smith was obliged to service the Institute for several months. Mr. Wayne Lawson was appointed supervisor of the Supply Section as well as Telephone Coordinator for the Institute in early February 1985. Of special significance is the fact that during the course of the annual inventory of major movable equipment conducted by the SCDMH Fixed Assets Section, all items charged to the Institute were located. The Supply Section staff provided excellent support to the Institute and were instrumental in assisting all departments in preparing for the JCAH survey.

DEPARTMENT OF PROFESSIONAL SERVICES

Office of the Associate Director for Professional Services

The Associate Director for Professional Services continued to be responsible for all clinical and research programs within Hall Institute.

The grant proposal, "Training for Leadership in Public Psychiatry," was approved by the National Institute of Mental Health but was not funded; and the request of renewal of the grant, "Psychiatry Comprehensive Institutional Training Grant," was approved and awarded \$55,247 by NIMH.

The book, *Psychopharmacology: Impact on Clinical Psychiatry*, which Donald W. Morgan, M.D., edited and authored the chapter, "Psychopharmacology: Past and Present," was completed and published by Ishiyaku EuroAmerica Inc. Publishers in June, 1985.

General Psychiatry Residency Training Program

Four residents graduated from the General Psychiatry Residency Training Program between July, 1984, and June, 1985. The program also participated in the National Residents Matching Program for 1985 and matched two PGY-1 residents for July 1, 1985. Two additional PGY-1 residents were recruited outside the match. Expanded recruitment activities and changing attitudes toward psychiatry have helped fill twenty-three of twenty-four of the training slots with qualified applicants.

The curriculum had been revised in accordance with the recommendations of the Curriculum Review in May, 1983, and these revisions were carried out. The four-year residency program continued full accreditation received from the Accreditation Council for Graduate Medical Education in September, 1982 (Council action in April, 1983). Training affiliations were maintained with the William Jennings Bryan Dorn Veterans' Administration Medical Center, Columbia Area Mental Health Center, Richland Memorial Hospital, and the Departments of Internal Medicine, Pediatrics and Family Practice of the USC School of Medicine. A contract for emergency after-hour psychiatric evaluation was also continued with Lexington County which enhances emergency psychiatry training at the Institute.

The Psychiatry Residency In-Training Examination sponsored by the American College of Psychiatrists was again administered in September. The resident group scored above the mean for the nation. An oral examination modeled after the American Board of Psychiatry and Neurology exam (part II) was conducted in June, 1985, with the assistance of five consultants from the Medical College of Georgia. On the whole, residents performed well and deficiencies were addressed with each resident.

Child and Adolescent Psychiatry Service and Training Program

The Child and Adolescent Psychiatry Service is made up of five major service sections as follows: 1) Adolescent Inpatient Unit, 2) Child and Adolescent Outpatient Clinic, 3) Day Treatment Center, 4) Diagnostic Nursery Program, and 5) Consultation Services to Richland School District #1, Pediatric Clinic at Moncrief Army Hospital, Willow Lane School (Department of Youth Services), and S.C. State Hospital.

The major mission of the Child and Adolescent Psychiatry Service is to provide research and training opportunities through its clinical services.

In the past year, clinical training has been provided to three child psychiatry residents, nine general psychiatry residents on the child psychiatry rotation, one general psychiatry resident on a child psychiatry elective, four psychology interns, forty-eight third-year medical students from the USC School of Medicine on their clinical clerkship, one senior medical student from the USC School of Medicine on a one-month child psychiatry, and three social work students. In addition, major research activities have been ongoing in both the Outpatient Clinic and the Diagnostic Nursery.

Pediatric Consultation to the Department of Pediatrics at Moncrief Army Hospital continued under the supervision of Rosin Lawsin, M.D., Chief of the Department of Psychiatry at Moncrief Army Hospital. Patrick T. Butterfield, M.D., continued to provide two hours of consultation per month to the Child and Adolescent Unit at the S.C. State Hospital.

During the past year, Ingeborg Krueer, M.D., part-time faculty member to the Child and Adolescent Psychiatry Service, passed away after a long illness. The Dr. Ingeborg Krueer Memorial Fund was established through the USC Educational Foundation and will be utilized to finance the attendance at therapeutic summer camps for a selected and limited number of outpatients in the Child and Adolescent Outpatient Clinic at Hall Institute.

Child and Adolescent Psychiatry Service staff were very active in research and grant activities during the past year. Patrick T. Butterfield, M.D., is the program director for the NIMH Clinical Training/Manpower Grant for the Child Psychiatry Resident Training Program which was funded in the amount of \$19,368 and was one of only twelve new grants funded nationwide in the year of the application. Harry H. Wright, M.D., was co-investigator for a grant received from the March of Dimes Birth Defects Foundation to support two medical students for a summer research project on Infantile Autism. The grant was funded in the amount of \$2,000. Barbara Geller, M.D., was successful in obtaining an NIMH grant to study the diagnosis and treatment of depression in children. The grant award was in the amount of \$307,000. Doctor Geller is also a co-investigator on a research grant studying the epidemiology of depression. This is in conjunction with the Department of Public Health at USC. The grant which will begin in July, 1985, is in the amount of \$792,000.

Fourteen articles and one book chapter were published, nine articles were in press, and four articles were submitted for publication during the past year.

Psychology Service and Internship Program

The Clinical Psychology Internship Program recruited four interns from American Psychological Association-approved clinical psychology program. The internship program continues to maintain American Psychological Association accreditation.

Psychology Service functions in the areas of service, training, teaching, consultation and research. Clinical psychology is involved in the training and teaching of all the programs of the Institute, including psychiatry, nursing, social work, pastoral education, occupational therapy, recreation therapy, music therapy, as well as some of the training areas associated with USC.

Psychology Service faculty participated in six research projects in a variety of areas during the past year.

Clinical Pastoral Education Program

The Clinical Pastoral Education Program is one of the participating facilities in and through which the SCDMH Academy for Pastoral Education operates the accredited clinical pastoral education program. In addition to the educational and training emphasis, the Clinical Pastoral Education Program provided pastoral care services for the patients and staff of the Institute.

Five of the ten summer interns assigned to the SCDMH Academy for Pastoral Education engaged in and graduated from the Clinical Pastoral Education Program; five undergraduate students engaged in the theology and therapy program (full-time clinical training in the month of January); five of the eight pastoral residents assigned to the SCDMH Academy for Pastoral Education engaged in the year-long, full-time, Pastoral Residency Program; and two of the five students assigned to the SCDMH Academy for Pastoral Education engaged in the Extended Pilgrimage Program of Basic Clinical Pastoral Education under the administrative and educational supervision of the Institute's Chief of the Clinical Pastoral Education Program.

The Chief of the Clinical Pastoral Education Program provided educational and orientation sessions related to pastoral care for the various training programs and services of the Institute. In addition, Chaplain Dale Owen offered presentations to community and civic groups, as well as participated in the development and implementation of pastoral education opportunities (e.g., conferences, symposia, workshops, etc.). During the 1984 Pastors' Seminar she was designated to conduct a workshop on "The Pastor as Counselor," and she will also conduct a similar workshop during the 1985 Pastors' Seminar. Chaplain Owen also participated in developing program curricula and interfacing with community and

religious support systems to enhance community goals implicit in the State Plans of the South Carolina Department of Mental Health.

The Clinical Pastoral Education Program provided ongoing worship experience at the Institute for staff and patients in order to meet religious needs. A Sunday morning and Tuesday evening worship service are held weekly. In addition, supportive pastoral care to patients has been provided through pastoral visitation during patients' hospitalization, pastoral counseling with selected patients in coordination with treatment team goals, and group pastoral counseling as appropriate.

Activities Therapies

Activities Therapies had a total of seventeen students in the various internship programs (seven recreational therapy interns, five occupational therapy interns, four music therapy interns, and one art therapy intern).

Recreational Therapy staff continued to provide patients with therapeutic recreation and leisure experiences with the Institute and in the community.

Art Therapy staff provided services for all inpatient units, the Adolescent Unit, and the Day Treatment Center. Establishment of a clinical training site in Art Therapy at the Institute in association with USC was pursued during the past year.

Music Therapy staff provided services for all inpatient units, the Adolescent Unit, the Partial Hospitalization Program, and the Day Treatment Center until April, 1985. There was a decrease in Music Therapy services since April due to a staff vacancy.

Occupational Therapy staff continued to provide therapeutic services for all inpatient units, the Day Treatment Center, the Adolescent Unit, and the Partial Hospitalization Program. Program time continues to include outpatient services to the Day Treatment Center, Partial Hospitalization Program, and the Diagnostic Nursery Program.

Clinical Pharmacy Service and Educational Programs

The Clinical Pharmacy Program trained thirty-two trainees in four training programs during the year. Nine undergraduate students from USC completed four-week psychopharmacy clerkships; twelve sophomore pharmacy students participated in communication recitation sessions; two graduate students participated in a five-week psychopharmacy clerkship; and nine sophomore students participated in an orientation to clinical psychiatry pharmacy.

In support of the Institute's training programs, the Clinical Pharmacy Service provided clinical services to the inpatient psychiatry, outpatient psychiatry, neurology, and child and adolescent treatment programs.

Inspections of medication storage areas were completed monthly. Medication profiles were maintained on all inpatients. Monthly drug utilization reviews (DUR) were completed on neuroleptics and anti-parkinson agents, and DUR criteria were developed and implemented for antidepressants and antibiotics.

The Clinical Pharmacy Service has continued to be involved in clinical, education, and research efforts. The service provides numerous educational sessions related to psychotropic medications to staff and trainees in nursing, activity therapies, and clinical pastoral education. Medication has been dispensed on a weekly basis for the nortriptyline research project.

The Clinical Pharmacy Service had two manuscripts published, eight manuscripts submitted for publication; six papers submitted for presentation at national meetings; seven papers presented at national, state, or regional meetings; two grant proposals submitted; and one research proposal submitted.

The chief of service completed a twelve-month Clinical Drug Research/Drug Development Fellowship at Burroughs Wellcome Pharmaceutical Company and the University of North Carolina in August, 1985, and was elected as chairperson-elect for the Special Interest Group in Psychopharmacy for the American Society of Hospital Pharmacists.

Vocational Rehabilitation Service

A total of two hundred one patients were referred to the Vocational Rehabilitation service, and ninety-three of these cases were served. A total number of twenty-four clients were placed in community employment which yielded twenty successful case closures. Seventy-eight cases were transferred to Vocational Rehabilitation field offices in the community for continued provision of service.

A total of thirty orientation sessions were given by Vocational Rehabilitation staff during the year. Staff was involved in various inservice training during the year to maintain, improve, and update skills. A quality assurance plan has been developed and implemented on a monthly basis, and reports are given to the Activity Therapy Coordinator.

Social Work Service and Placement Program

Four graduate students and one graduate assistant were placed with the Social Work Service. The Social Work Service provided services to support its training program including, but not limited to, psychosocial assessments, family counseling, and discharge planning for patients requiring social work intervention. Members of the staff continue to be involved in teaching and training activities, collaboration, and consultation with trainees in other disciplines including the general psychiatry

residents, child psychiatry fellows, medical students, college students, and human service agencies.

Social Work staff presented papers at two conferences, and two television interviews were also given, focusing on the topics of stress and the black family and family violence. Staff authored or co-authored four articles focusing on children's issues and an article on Alzheimer's Disease. Social Work Service staff also developed, planned, and implemented the 7th Annual Cross-Cultural Conference which was attended by approximately three hundred persons.

Staff was actively involved in head injury, eating disorder, and Alzheimer's Disease self-help groups; and program consultation was also given to the Parkinson's Disease self-help group. Social Work staff was also involved in numerous committees or boards of directors of human services agencies.

In cooperation with the College of Social Work, a child training grant for social workers was approved for three years.

Nursing Service and Educational Programs

The administrative structure of Nursing Service was evaluated and reorganized. A set of nursing bylaws and organizational plan were developed. A new organizational chart was created; and major areas of responsibility, accountability and authority among the Associate Director, Director of Nursing II, and Nursing Education Director were clarified.

Committees responsible for the management functions of the Department of Nursing Service were established. The Administrative Council met weekly to discuss, resolve, and monitor management issues; and the Nursing Policy Committee revised over forty-one nursing procedures and created, developed, organized, reviewed, and evaluated over twenty-eight policies consistent with JCAH Nursing Service Standards. The Nursing Quality Assurance Committee developed standards of care and a comprehensive nursing quality assurance program. This committee did monthly audits of charts, discussed the results of these audits and recommended changes to improve the documentation of nursing care.

Establishing minimum staffing requirements for all inpatient units was a major focus of discussion and concern this past year. It was estimated that a minimum of nineteen full-time equivalent, direct-care nursing personnel are needed on each inpatient unit to provide minimum staffing levels. Achieving staffing goals and establishing a career ladder for R.N.'s represents a goal set for the upcoming fiscal year.

Attempts to develop a patient classification or acuity system documenting patients' need for nursing care were initiated. A rudimentary classification system was put into effect in May, 1985. The current system does not provide data regarding nursing care hours or hours of nursing care per

patient day. A more sophisticated acuity system is needed to adequately allocate and manage the use of nursing personnel resources. At this time, a Departmental Task Force, on which the Associate Director for Nursing Service is a member, is investigating the feasibility and utility of a more comprehensive, systematic patient acuity system.

The Department of Nursing Service did support the research and training mission of the Institute. Nursing staff continue to be involved in the Rehabilitation/Reintegration Project. Nursing personnel collaborated with the USC College of Nursing in developing a Research Utilization Grant called the Linkus Project. A professional nurse discussion group was formed and met to discuss a variety of topics. Nursing personnel also published two articles and presented papers at two national meetings. Several nursing personnel were involved as faculty and guest speakers in education programs around the state.

The Nursing Education Program offers a seven-week, psychiatric/mental health course to the following four schools of nursing: Orangeburg Regional Hospital, York/Lancaster Technical College, Sumter Area Technical College, and Coastal Carolina Technical College. In addition to the curricula offered to the above schools, there are three schools of nursing affiliating with the Institute: Orangeburg-Calhoun Technical College, the USC College of Nursing, and Midlands Technical College. In addition to undergraduates, several graduate students in psychiatric/mental health nursing and nursing administration have had successful experiences using the Institute for graduate practicums. A total of one hundred eighty-four nursing students used the Institute for training during the past year.

The Continuing Education Program devised a plan to disseminate information to service chiefs on a quarterly basis to enable them to monitor continuing education and mandatory training of their employees through a computer printout. Over two hundred twenty-two programs were offered to Institute staff and to a growing number of mental health care providers on the mailing list.

There were several educational activities that were offered through the Continuing Education Department that increased the visibility of the Institute as the research and training arm of the SCDMH and helped meet the training needs of professionals across the state. The "Feeling Good Lecture Series," co-sponsored with the USC Division of Continuing Education, was offered during May, 1985 (Mental Health Month). This lecture series was a success and was attended by forty-five citizens in our community.

To help celebrate SC Nurses' Week, a workshop entitled, "The Nursing Challenge: Professionalism and Active Involvement," was presented to approximately ninety nurses from across the state.

A medical-surgical refresher course for psychiatric nurses was offered twice to approximately forty registered nurses. This program was developed as a joint effort between the Institute, the Veterans Administration Medical Center, and the S.C. State Hospital.

The "Advanced Studies in Aging" was yet another course which trained mental health care providers from across the state. This program took place at the Institute and was co-sponsored with the SCDMH Office of Mental Health Services for the Aging.

Neurology Service

Neurology Service provided education in neurology to psychiatry residents and medical students rotating through the Neurology Service by providing teaching rounds, neurology conferences, and individual supervision.

Neurodiagnostic consultations of inpatients and outpatients, EEG's, and consultations to other mental health facilities were provided during the past year.

The feasibility of establishing a sleep laboratory was assessed, and the equipment needed to establish the sleep laboratory has been ordered.

Inpatient Psychiatry Service

This was a successful year for the Inpatient Psychiatry Service. An outstanding clinical experience was provided for the psychiatry residents and medical student rotations. The teaching psychiatrists maintain excellent quality of care for patients admitted to the Institute and provide an excellent range of clinical cases for the residents and medical students.

The Inpatient Psychiatry Service continues to provide an outstanding clinical experience for all other training programs.

The Rehabilitation/Reintegration Project has admitted one hundred thirty-five patients since its inception. Of these patients, eighty-six have been transitioned to the community and thirty transferred back to South Carolina State Hospital. Of the eighty-six patients discharged to the community, seventy-eight still reside in the community.

There were forty-three admissions, twenty-six patients transitioned to the community, and nine patients transferred back to S.C. State Hospital.

General Psychiatry Outpatient Service

The General Psychiatry Outpatient Service's primary goal is to teach psychiatry residents how to evaluate and treat adult psychiatric outpatients. The clinic has provided a consistent, stable, and supportive environment for teaching and patient care.

Research Services

This was the first complete year for the laboratory under its present research focus of furthering understanding of the mechanisms of brain damage. Major strides were accomplished in the development of the laboratory. Two post-doctoral fellows were recruited, a biochemist and a microbiologist and immunologist. There was the gradual acquisition of equipment to replace items that had become obsolete or irreparable. This included a spectrophotometer and a spectrophotofluorometer for conducting enzyme assays, CO₂ controllers to update tissue culture incubators, a laminar flow hood for the handling of potential low or moderate risk hazards and a computer software program for statistical analysis.

The progress in recruitment and equipment replacement was paralleled by progress in the development of research. Using the albino rat, the laboratory focused on understanding the role of detoxification enzymes in the development of brain damage. We hypothesized that although the causative agents of brain damage are numerous, they may share critical biochemical mechanisms which if understood could lead to common diagnostic, preventive and therapeutic measures. The injection of kainic acid (KA) into the rat striatum produces damage primarily to intrinsic neurons of the striatum and may serve as a useful model of Huntington's Disease. The mechanism of KA toxicity is complex and may be indirect involving excitation of neurons but it has not been hypothesized to involve direct formation of toxic chemicals. We have found that concomitant with KA induced brain damage, are alterations in the activities of superoxide dismutase, glutathione peroxidase and glutamine synthetase, enzymes responsible for the detoxification of free radical oxygen, hydrogen peroxide and ammonia, respectively. The universality and sensitivity of these alterations as indicators of brain damage remains to be determined.

Long-term neuroleptic administration may be toxic to the basal ganglia as manifested by tardive dyskinesia. Patients with tardive dyskinesia have involuntary movements as do patients with Huntington's Disease. We evaluated the hypothesis that long-term neuroleptic administration may lead to alterations in the same biochemical parameters as found following KA administration. Albino rats were administered haloperidol decanoate for 6 months. No changes in the activities of any of the detoxification enzymes were found. These findings suggest that any damage to the basal ganglia with neuroleptic administration is at least an order of magnitude less than that found following KA. The initial major work on these studies was conducted by our laboratory technician, Mr. Voyta Sailer. He will be leaving our group this July to attend medical school at USC. Since joining us, Dr. Ramchand has also been intensely involved.

With the help of a summer medical student and a temporary laboratory

technician, the possible role of another detoxifying enzyme in the therapeutic and side effects of neuroleptic administration was evaluated as follows. Patient response to neuroleptic administration is variable. Unfortunately, predictability is not greatly enhanced by serum neuroleptic and/or metabolite levels. Serum levels, however, reflect primarily liver and/or intestinal metabolism and therefore may not reflect levels at the site of action of behavioral effects in the CNS. Investigators have demonstrated the presence in the CNS of metabolizing and/or detoxifying enzymes at much lower levels than in the liver. Nevertheless because of their presence at the site of action of the drug these enzymes may have disproportionate importance in the determination of behavioral responses including tolerance and toxicity such as tardive dyskinesia. These effects would not be detectable by serum measurements.

A study of the effects of acute and chronic chlorpromazine administration on the liver and brain activities of one of these enzymes, Aryl Hydrocarbon Hydroxylase (AHH) was undertaken. In summary, using schedules of chlorpromazine administration that were able to induce up to 600% increases in liver levels of AHH activity, no change of AHH activity in the cortex or basal ganglia was detectable. An analogous dissociation of liver from brain induction of AHH in man, could be part of the explanation of lower blood levels of CPZ with chronic administration but the continuing therapeutic efficacy of this medication as well as the occurrence and continuation of side effects during chronic administration of CPZ.

A fully-operational tissue culture laboratory was developed. With the collaboration of Chief Psychiatric Resident, Peter Jenkins, M.D., skin biopsies have been obtained from twenty-one patients including a cohort of eight patients with chronic schizophrenia. These skin samples have been used to develop individual fibroblast cell lines that have been frozen for present and future studies. In addition we have initiated a collaborative effort with the major clinical research program on Alzheimer's Disease at the National Institute of Mental Health to store their fibroblast cell lines while conducting biochemical studies. By studying fibroblast cell lines, vulnerability to disease, rather than secondary biochemical changes resulting from illness progression or environmental events such as drug administration, can be assessed. We are currently in the process of evaluating whether there is any alteration of the enzyme activity of superoxide dismutase in chronic schizophrenia. Elevations of superoxide dismutase activity have been reported in Trisomy 21 and Alzheimer's Disease. In addition protocols have been developed for the measurement of cell growth and DNA and protein content so that we should begin this following year an assessment of these characteristics in the cell lines of patient groups.

Since March, we have begun work to use our tissue culture facility to develop monoclonal antibodies to brain antigens. We plan to use these antibodies to better understand the role of brain proteins during brain damage.

We are continuing with two other clinical projects, albeit slowly. Efforts in collaboration with A. Daniel Vallini, M.D., Peter Jenkins, M.D., and Richard Burns, M.D., to collect cerebrospinal fluid (CSF) samples have netted a total of eighteen. These samples are from patients with heterogenous as well as sometimes uncertain diagnoses. Thus a considerably larger sample collection will be necessary before we can obtain homogenous groups for biochemical analysis. Our study of the possible ameliorative effects of hydergine on the negative symptoms of chronic schizophrenia have been hampered by administrative difficulties in obtaining patients for this study. At this point, three patients have completed the treatment protocol.

As part of the educational commitment of the laboratory, lectures were given to the first- and second-year medical school classes on biological models of behavioral normality and pathology. Seminars on research design and experimental psychiatry were accomplished as part of the beginning and advanced seminar series of the residency program; seminars on the biochemical basis of psychopharmacology were given as part of the residency biological psychiatry course. A second-year medical student participated in a summer clerkship in the laboratory doing much of the preliminary work on the AHH project described previously in this report. This summer, 1985, another medical student has been participating in a clerkship. It is primarily his work on glutamine synthetase that is reported.

On October 5, 1984, the fourteenth annual Ensor research symposium, "Strategies in the Development of Psychopharmacologic Agents to Treat Memory Dysfunction" was held. Guest speakers included Herbert Weingartner, Ph.D., Chief of the Unit on Cognitive Studies, Laboratory of Psychology and Psychopathology, National Institute of Mental Health (NIMH), Robert Cohen, M.D., Ph.D., Chief of the Unit on Clinical Brain Imaging, Laboratory of Psychology and Psychopathology, NIMH, Turan M. Itil, M.D., Research Professor and Director Division of Biological Psychiatry, New York Medical College and Director HZI Research Center, Arnold S. Lippa, Ph.D., President of Matrix Research Laboratories, President Praxis Pharmaceuticals, Inc., and Research Associate Professor, New York University, Michela Gallagher, Ph.D., Associate Professor of Psychology and member of the Neurobiology Program, UNC, Chapel Hill, and B. Paul H. Poschel, Senior Staff Fellow, Warner Lambert-Parke Davis Pharmaceutical Research.

Four papers were published by Ensor Foundation Research Laboratory staff.

The Genetic Service continued to maintain a research laboratory with a central focus of the genetic control of the metabolism of tricyclic antidepressants and phenothiazines in inbred mice and humans. The state-wide Psychiatric Genetic Assessment and Counseling Service based at the Institute continued with its direction of the four regional satellites and provided education in genetics and psychiatry to health professionals, patients, and the public.

One research grant in the amount of \$2,000 was funded in the area of laboratory research, and one was continued in the amount of \$2,500 in the area of psychiatric genetic assessment and counseling.

An abstract was accepted for publication, one paper was published, two papers were accepted for publication, and one paper was submitted for publication. Two presentations were made at national meetings, and a national workshop entitled, "Inherited Mental Illness: The Family at High Risk," was organized and held in South Carolina. A Behavioral Sciences Resource Section was compiled for the Southeastern Regional Genetics Resource Directory, a directory which lists the genetic services available for the southeast.

Two trainees were engaged in clinical and laboratory research in genetics and psychiatry during the past year.

Medical Student Education

Medical students in all four years of training participated in undergraduate medical student education activities at the Institute. Sixty-five first-year students completed the videotaped life history interview segment of their training through small group feedback sessions with faculty at the Institute. The students initially performed practice life history interviews on volunteer nursing students, and then subsequently reviewed their videotaped performance of a life history interview in similar small groups.

All fifty-seven second-year medical students performed videotaped mental status examination interviews with Institute inpatients. After completion of the tapings, the students participated in group review and feedback sessions led by faculty.

The eight-week Clinical Psychiatry Clerkship was comprised of six groups and a total of forty-seven MIII students. Twenty-nine of these were assigned full time to the Institute for their psychiatry rotation. All students participated in orientation, conference activities, and night call scheduled at the Institute. Involvement of residents in the undergraduate medical student education programs, in addition to supervision received

from faculty, has proved mutually beneficial to medical students and residents.

Fifty-one fourth-year students rotated through the Neurology Service at the Institute as part of their four-week Clinical Neurology Clerkship.

Electives in summer clerkships have provided additional learning experiences for students during the year. Nine clerkships were completed in July, 1984; nine clerkships are scheduled for the summer of 1985 with two additional March of Dimes funded clerkships scheduled also for the summer of 1985. These clerkships are extremely successful as an educational experience for the students and also provide excellent support for research activities.

During this academic year, there has been a marked increase in the number of MIV credit electives completed at the Institute: one each in Psychiatric Genetic Counseling and Research; Outpatient Child and Adolescent Psychiatry; Childhood Depression Research; and Clinical Psychiatry.

Continuing Medical Education Program

The Continuing Medical Education Program at the Institute underwent some changes during the past year in order to maintain its accreditation by the Accreditation Council for Continuing Medical Education. The Mental Health Commission approved the mission statement of the Continuing Medical Education Program which states:

"The William S. Hall Psychiatric Institute shall provide an educational opportunity for physicians and allied health personnel. This shall be called the Continuing Medical Education Program.

The goals of the Continuing Medical Education Program shall be to address current problem areas and update knowledge and skills in the psychiatric management of patients with emotional and mental disorders. The content of these programs shall be based on the wants and needs of the target audiences.

The target audiences shall be physicians in the Department of Mental Health, the Columbia area, the State of South Carolina, or the nation, depending upon the topic and scope of the activity. Other allied health professionals involved in mental health are welcome to attend most programs.

The Continuing Medical Education Program will be presented by experts in the area that the program is intended to cover. The programs shall consist of lectures, films, and/or workshops. Participants will always be given the chance to have their questions answered by the experts.

Each program is to be evaluated in some way in order to improve future programs and to assess whether or not the goals of the mission statement are being met.

A statement of policy regarding joint sponsorship of continuing medical education programs was also developed.

The Continuing Medical Education Program sponsored and co-sponsored several programs for AMA Category I CME Credit Hours. The programs dealt with a variety of topics and featured outstanding, nationally-known speakers. The topics presented include:

"Strategies in the Development of Psychopharmacologic Agents to Treat Memory Dysfunction"

"Geriatric Medicine: Today's Growing Practice — 1984"

"Treating the Severely Mentally Ill in the Community"

"Understanding Research Design and Development"

"Assessing Educational Objectives with Multiple Choice Questions"

"Symposium on Public Psychiatry"

The total audience for these programs was 376 which included 260 physicians and 116 nonphysicians. A total of 28 AMA Category I Credit Hours were offered.

ACADEMY FOR PASTORAL EDUCATION

The Academy for Pastoral Education, which is a component in the Department of Mental Health's Division of Educational and Research Services, is a comprehensive networking program unifying the efforts of pastoral education throughout the DMH. The Academy was created in 1983 with the mission of developing a collaborative delivery of pastoral education with the state psychiatric hospitals, the community mental health centers and clinics, and the community religious support systems.

Regional area developments continued to be emphasized in Fiscal Year 1984-85. The Academy's Midlands Area Program, whose accreditation as a Clinical Pastoral Education program was received in October of 1983, provided a variety of pastoral education opportunities in the DMH facilities and centers of the midlands. Five community clergy were enrolled in a once-a-week extended program of CPE from September, 1984 through April, 1985. Eight college students completed a full-time month's clinical study in January under the auspices of the Hall Institute. Ten clergy participated in a full-time year of either Clinical Pastoral Residency or Pastoral Supervisory Education, while seventeen seminary students enrolled in the Midlands Area Program's full-time CPE summer of 1985. The current composition of the accredited Midlands Area Program includes S. C. State Hospital, Tucker Center, Bryan Hospital, Hall Institute, Crafts-Farrow State Hospital, Columbia Area Mental Health Center, and Morris Village.

Plans continued to be implemented during 1984-85 for the creation of a regional area emphasis in the upper part of the state. This regional program eventually will be known as The Academy's Piedmont Area Program. The Piedmont Advisory Committee on Clinical Pastoral Education, a committee composed of ten key clergy leaders of the Piedmont's region, reviewed and enthusiastically recommended in December, 1984 such a program endeavor to the DMH. The comprehensive plan to unify CPE and community efforts in this geographical area posits the newly-developed Harris Psychiatric Hospital in Anderson as a central hub through which a highly community-oriented CPE program will be networked into the surrounding fourteen county catchment area. Dr. Wilford C. Manley, a certified CPE Supervisor on the staff of the Greenville Area Mental Health Center for the past sixteen years, became Harris Psychiatric Hospital's chief chaplain in March. The projected plan of the Piedmont Area Program for CPE is scheduled for an accreditation review by the Association for Clinical Pastoral Education in July, 1985.

The following Certified CPE Supervisors in the DMH are members of The Academy's Faculty: Midlands Area Program — Jerry P. Alexander (Columbia Area Mental Health Center), J. Hayden Howell and Roland W. Rainwater (Tucker Center), D. Dale Owen (Hall Institute), Charles E. Newman (S. C. State Hospital), and Joseph M. Slade (Morris Village); and Piedmont Area Program — Wilford C. Manley and Fred W. Reid (Harris Psychiatric Hospital). Thomas A. Summers is The Academy's Director.

The Academy's second annual state-wide Pastoral Care Convocation was conducted on November 28, 1984 in the Chapel of Hope located on the campus of the S. C. State Hospital. The program theme of the Convocation was "Cross-Cultural Issues in Ministry: Sharing from the Black Perspective." A Cross-Cultural Resource Group, composed of a dozen representatives from various aspects of the community, provided the planning for the program. These following denominations collaborated with The Academy to provide assistance and grants for the planning of the Convocation: African Methodist Episcopal Church of S. C.; S. C. Baptist Educational and Missionary Conference; and S. C. Conference of the United Methodist Church. Dr. James H. Cone, Professor at Union Theological Seminary in New York, was the Convocation's featured speaker. Two hundred and twenty-five registrants attended the all-day event.

Academy faculty members presented workshops and papers at various national professional meetings. Jerry P. Alexander and Thomas A. Summers presented a workshop on November 1, 1984 at the annual convention of the Association for Clinical Pastoral Education in Chicago. The workshop, entitled "Pastoral Care in the Space Between Hospital and Church," focused on the pastoral care of chronic mentally ill patients who

are making transition from DMH facilities into community care resources. Thomas A. Summers presented a paper ("Clinical Training of Clergy for Advocacy of the Chronically Mentally Ill") at the annual convention of the American Psychiatric Association on May 23, 1985 in Dallas. The paper dealt with The Academy's model of clinically training clergy to be community agents of care and support for the chronically mentally ill as patients return to the community.

The Academy's newsletter, "Connections," was published twice during the year. The newsletter attempts to offer a bridge of information between The Academy and a variety of resource groups including religious representatives, mental health professionals, community agencies, laity, and other interested persons.

One of the strongest purposes in the programming of The Academy is that of program interface with community and religious support systems. This community theme was actualized in a variety of examples during the 1984-85 year. For instance, the Advanced CPE students of the Midlands Area Program had as their primary curriculum emphasis that of pastoral care involvement with discharged patients as they are placed into community care homes. Each of the two regional area programs (Midlands and Piedmont) includes a significant number of community representatives on the programs' Advisory Councils. The extended model of CPE is provided to parish clergy so that this unique schedule more conveniently allows these clergy to participate in CPE in the clinical settings while at the same time being full-time pastors of churches. The sponsorship of the annual Pastoral Care Convocation represents a collaborative effort between The Academy and various community and denominational agencies.

The Academy goals for the July, 1985 through June, 1986 period include the following foci: the continued enablement of regional development and the further integration of programming with religious support systems in the community.

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

DIRECTOR'S REPORT

We continued to strive to accomplish our mission of providing quality, intensive, short-term, inpatient psychiatric treatment for persons of our 28-county catchment area. However, this fiscal year we had an equipment and staff freeze imposed by the DMH.

Admissions decreased from 2,856 for fiscal year 1983-1984 to 2,637 for the past year. This is attributed to patients staying longer at our facility,

coupled with the fact we are not able to divert as many patients to S. C. State Hospital. Additionally, our occupancy rate has been 95% to 97%. The reorganization of lodges and bed assignments has been completed. We have 5 lodges for males and 2 lodges for females. As predicted, this arrangement has accomplished the aims expected and is operating smoothly. Of noticeable importance, it has alleviated the need for special monitoring of the lodges.

In an effort to better utilize staff, 2 major personnel changes were made: (1) a Director of Clinical Support Services was appointed, and (2) the Project Director, Vocational Rehabilitation Service, was assigned under the direct supervision of the Hospital Director.

The facility was surveyed by a National Institute of Mental Health (NIMH) team in connection with certification as a provider for Title 18 reimbursement (Medicare). All noted deficiencies (neurological examinations and documentation of therapeutic interventions) have been completed.

The Acute Unit (ACU) was re-evaluated, which resulted in the establishment of treatment plans for patients to that unit for short periods of time. Also, plans are under consideration to further renovate the unit. This would allow more freedom for female patients.

This is our year to be re-surveyed. Application has been made with the Joint Commission on Accreditation of Hospitals (JCAH). It is believed that the survey will take place in December, 1985. All components of the facility are aware of the impending survey and are making necessary preparations. The Quality Assurance Coordinator, Hospital Administrator, and Hospital Director have attended accreditation seminars presented by JCAH staff.

Clinical Support Services:

The Clinical Support Services Division was created as a result of internal reorganization during the 1984-85 fiscal year. This involved an expansion of the duties and responsibilities of the former Community and Patient Relations Division. The department of Activity Therapy, Chaplaincy, Social Work, and Volunteer Services make up this division. The Director of Clinical Support Services assumed the overall management responsibility for these departments in addition to the community relations role.

Regular meetings with department heads were held and consistent monthly reporting mechanisms were put in place for all departments within the division. A new director was hired for the Social Work Department during the fiscal year through an internal promotion.

Efforts continued to refine and improve the cooperative working relationships with local mental health centers. Changes have been made

in the "Memoranda of Agreements" which expand communication around both the admission and discharge process. Frequent personal contact between hospital and community professionals for joint planning and problem resolution has enhanced service delivery.

Brochures and patient handbooks have been updated during the fiscal year and groups of nurses, doctors, ministers, mental health association volunteers, lawyers, and other professionals have been provided tours and information regarding BPH.

The components under the Clinical Support Services Division are reported as follows:

Activity Therapy Service: Activity Therapy Service continued to provide services to all lodges and the Acute Care Unit in the areas of Art Therapy, Music Therapy, Occupational Therapy, Recreation Therapy, Patient Library, Professional Library, and Cosmetology.

Dual programming was emphasized by provision of structured, goal-oriented groups during weekdays and Constructive Leisure Activities in the evenings, on weekends, and all holidays.

Six thousand five hundred ninety-four referrals were made to goal-oriented groups based on individual Activity Therapy Service assessment and recommendations from the patients' treatment teams. Goal-oriented groups included Art Therapy, Music Therapy, Occupational Therapy, Sensory Integration, Basic Living Skills, Progressive Relaxation, Fitness, Sports and Games, Weight Training, Aquatics, Hostility/Aggression, Socialization, Bibliotherapy, Health Awareness, Adaptive Recreation, and Pet Therapy.

One thousand eight hundred forty-six Constructive Leisure Activities were provided, averaging 29 patients per activity. Constructive Leisure Activities are leisure-oriented, patient-selected activities, conducted during evening hours, on weekend, and on holidays. Constructive Leisure Activities include sports, games, swimming, movies, dances, music, library, special events, seasonal/cultural events, arts, and crafts. Constructive Leisure Activities are planned and conducted by Recreation Therapists, with Art and Music Therapists providing activities, to complement the program.

Art and Music Therapy groups were provided, with Art Therapy receiving 646 referrals and Music Therapy receiving 1,002 referrals during the year.

A total of 1,221 referrals were made to Occupational Therapy. The Occupational Therapy Student Affiliation Training Program accepted and trained 3 students.

Three thousand seven hundred twenty-five referrals were made to various goal-oriented groups provided by Recreation Therapy. Two

new Recreation Therapy programs, Adaptive Recreation and Pet Therapy, were implemented. Adaptive Recreation was directed towards the needs of the mentally retarded patients, and Pet Therapy was very successful with chronic type patients.

One thousand seven hundred eighty-seven cosmetology services were provided to patients, indicating that two-thirds of all admissions received cosmetology services. The BPH Cosmetology Appointment Form was printed and is filed in the patients' medical records after the patients receive services. A "Memorandum of Agreement" was made with Morris Village for BPH to provide a limited number of cosmetology services to their residents.

Library services were provided through the Patient and Professional Library. Library hours for patients included weekdays, evening, weekends, and holidays. The Patient Library continued to receive funds, from the S. C. Book Improvement Project Grant, to purchase additional library materials for patients. A large quantity of current books were donated for patients through the Federal Free Book Program. The Professional Library continued to provide valuable information to staff through journals, professional literature, audio/visual materials, cassette tapes, and an inter-library loan program. The Professional Library Committee was utilized to recommend library materials for each respective discipline.

Chaplaincy Service: The Chaplaincy Service, composed of one full-time and one part-time chaplain, provided religious coverage to the patients at BPH. A Catholic priest visited on a weekly basis to see patients of that affiliation. Arrangements were made for coverage by community clergy when indicated. The structure for Chaplaincy Services is in place so that lodges and patients have access to and benefit from the chaplaincy staff and interns. Five Clinical Pastoral Education Interns rendered 15 hours a week of chaplaincy service during the summer months. The pastoral services provided have included worship services every Sunday morning, special services during religious holidays, and group meetings with every new patient to explain Chaplaincy Services. In addition, the chaplains assisted other disciplines in leading various therapy groups.

The chaplains continue to take referrals from treatment teams and other services, to make individual contact, and to provide pastoral counseling. Spiritual counseling and support is also available to employees.

Social Work Service: The Social Work department experienced its first change in leadership since the hospital opened. In addition, Social Work now falls within the newly-created division of Clinical Support Services.

In spite of a continued high degree of staff turnover, there was a significant increase in services offered to patients by social workers this year. Direct clinical services were given a priority and by the end of the fiscal year all social workers were actively involved in providing group therapy for their patients. In response to recommendations from accreditors, services for patients on the Acute Care Unit (ACU) were increased greatly. Social Work assumed a major role in this and currently provide 15 staff hours of service to ACU patient on a weekly basis. Several different formats of weekend and after-hours coverage have been tried in an attempt to determine patient/family needs for Social Work services during these hours. More inservice educational opportunities were provided this year than ever before. Guest speakers presented topics ranging from stress management to cultural factors in psychiatric admissions. An ongoing case presentation program was established and has been well-received by staff.

Goals for the coming year include a large time allocation for discharge planning and development of a system to orient new social workers to the services of the various mental health centers in our catchment area.

Volunteer Services: BPH volunteer service program continued its community outreach to encourage widespread involvement in volunteer opportunities. Forty regular source volunteers provided volunteer service on the lodges, in the Activity Therapy department, in the library, and in positions as receptionists. These volunteers contributed a total of 1,025 hours of volunteer service. Nineteen groups donated 460 hours of volunteer service engaging with patients in a variety of group activities. Various groups and individuals donated clothing and hygiene articles, bingo prizes, Christmas gifts, etc. to the hospital. Efforts were made to increase the number of groups, hoping that a long-term relationship could be nurtured.

Nursing Service:

Nursing Education focus has been on meeting the continued educational needs of staff as suggested by demonstrated needs and requests. In addition to "Orientation" programs and the "Psychiatric Nursing Series," other programs have been offered on "Sickle Cell Anemia," "Sexual Assault," "Suicide," "Hepatitis," "Epilepsy," "Interviewing Skills for Nurses," "Emergency Medication," "Therapeutic Interventions for Mental Health Specialists," and "Group Dynamics for Mental Health Specialists." Outside workshops and seminars have also been encouraged and attended by nursing staff.

Registered Nurses are now held accountable for doing nursing assessments, nursing care plans, treatment team involvement, and weekly

progress notes — new forms have been developed to improve the quality of this process. Nursing care plan manuals and inservice programs have also been implemented.

An educational program for clerks and a clerk manual have been developed to enhance the job performance of this classification.

A treatment team program has been developed for the Acute Care Unit with all disciplines now being involved in the treatment of patients in this area.

The USC College of Nursing and the Newberry Vocational Center placed students at BPH for clinical experience.

Four ongoing nursing audits are being done in conjunction with Quality Assurance programs. The role of the supervisors has been expanded to insure patient care monitoring is accomplished and documented.

Nursing utilizes over 300 nursing escorts per month for escorting patient off grounds for trips and clinics. This is accomplished with excellent coordination efforts of Nursing Service with social workers, hospital registrar's office, clinical staff, and transportation.

Psychology Service:

The Psychology Service of BPH has been operating during the past year under severe staffing shortages and position freezes. In the last quarter of the year only 3 of the 8 lodges were covered by this service. This deficiency, however, has been addressed — 2 new positions were created and the freeze lifted, which will allow all lodges to receive equal psychological services. During the shortage, this service increased the number and range of groups being offered in order to more efficiently serve patients. Additionally, third-year students in clinical psychology from USC were supervised by this staff in the administration and interpretation of psychological tests in conjunction with their course work.

In spite of the under-staffing in this service, the available personnel provided 750 individual therapy sessions, 625 group sessions, and 50 marital or family therapy contacts. Over 900 screening interviews were done and 200 psychodiagnostic evaluations conducted. The staff had 8,960 patient contacts and provided 2,600 hours of direct service, which accounted for 6,730 patient hours of service rendered.

Treatment teams, rounds, and consultations accounted for another 1,430 hours of service. There were 250 hours spent in inservice education and committee work and 250 hours in supervision.

The various Probate Courts in the state continued to utilize the services of hospital examiners, and the Psychology Service performed 340 Designated Examinations and testified at over 200 commitment hearings.

Vocational Rehabilitation Service:

This fiscal year witnessed several personnel changes as senior staff persons either moved to new careers or retired from state service. The resulting effect was the employment of 4 new staff members. The staff continued to enjoy the additional improvements to the office, which improved the overall decor and privacy. The service continued to make improvement in the quality of services and worked to achieve more suitable job placements in the community for those patients requiring employment. The overall level of caseload productivity was slightly lower than in previous years due to the reduced goals set for the freshmen counselors. Seven hundred eighty-seven patients were referred by the treatment teams for a vocational assessment. Three hundred sixty-one of these met the eligibility criteria for the community vocational rehabilitation program. Three hundred eight participated in the hospital work adjustment program to improve their basic job seeking and holding skills. Sixty-five patients who remained in the Columbia area were placed in a community occupation. Thirty-three of these patients successfully maintained their employment until closure.

Administrative and Supporting Services:

Administrative and Supporting Services continues to be concerned with and supports quality patient care.

The past fiscal year saw a freeze imposed on both staff and equipment. However, the Administrative and Supporting Services staff was able to carry out its mission in a timely and effective manner. Personnel actions and vouchers were processed expeditiously. Repair work has begun on the buildings and grounds in anticipation of the survey by JCAH in December of 1985. We completed the year in the "black" in all budgetary functions.

Pharmacy Service: Pharmacists continued to provide extensive and efficient pharmaceutical services to the patients and staff. Bryan Hospital pharmacy continued to improve its modified unit dose drug distribution system with the addition of unit dose shelving, conversion to more unit-of-use packaging, and the deletion of several bulk lodge stock items.

BPH pharmacists were involved with many clinical services which included the following:

- (1) Reviewing physician medication orders to insure efficacious drug therapy, proper dosage ranges and routes of administration, and investigating untoward reactions involving medications;
- (2) Maintaining patient drug profiles;
- (3) Revising the formulary and policy and procedures;
- (4) Preparing pharmacy newsletters;

- (5) Providing drug information to physicians and nurses;
- (6) Counseling patients about their medications;
- (7) Developing a patient medication education slide and tape presentation;
- (8) Providing lectures on psychopharmacology for new hospital staff;
- (9) Assisting nursing inservice with staff development programs involving drug therapy; and
- (10) Attending several work-related seminars and workshops.

Primary pharmaceutical transactions per pharmacist approximated 42,841. This was an 11% increase over fiscal year 1983-84. During the past fiscal year a change in the Chief Pharmacist position took place and a new staff member was hired.

Medical Administrative Service: Overall admissions number decreased slightly from last year, primarily because we were not able to transfer longer-term patients as heretofore. This resulted in a lack of beds and increased the number of referrals of new admissions to S. C. State Hospital.

Although admissions decreased, work responsibilities increased in many areas, primarily because of changes in documentation requirements of NIMH and JCAH and changes implemented by court administration in the Judicial Commitment Procedures.

The Word Processing Supervisor put together and conducted an inservice program for our clerical staff. This program was designed to cover areas not normally provided, such as general office savvy, improving clerical skills, and teaching the mechanics of clerical work in a fast-moving hospital setting. Response was very good and results very good.

We are not able to purchase word processing equipment this year as planned. However, we did replace some of our heavily-used standard typewriters with more modern ones with helpful capabilities. The one word processor deteriorated beyond reasonable repair this past May. This leaves us without any special equipment capabilities to prepare the routine and specialized correspondence and reports, and for some time we have had to rely upon overtime constantly to provide needed services.

Total number of minutes of dictation transcribed was 69,208. This was a 24% increase. Total number of correspondence and special reports, etc. was 4,061. This was also an increase of 24%.

<i>Admissions</i>		<i>Discharges</i>	
Emergency	1,966	Regular	1,245
Voluntary	630	Probate Court	1,146
Judicial	16	Transfers Out	74
Transfers In	25	Discharges Upon Request	152
TOTAL	2,637	Deaths	4

Designated examiners furnished by Bryan Hospital were 1,440. This is an increase of 9.5%. Hearings held at Bryan Hospital was 420. This is an increase of 29.5%.

We have about exhausted space for medical record storage and we have begun to process medical records for microfilming.

We received and processed 3,364 requests to furnish medical information, which is slightly higher than last year. One thousand four hundred nine medical records were photocopied for Commitment Hearings.

Utilization Review Activities:

New Admissions	723	Medicaid	96
Medicare	192	Medicaid/Medicare	15
5th Admission	420	Recertification	631
Medicare Audits	1,197	Denials	28

Material Management Service: The Material Management Service continued the procurement to receive, safekeep, and deliver materials, equipment, and supplies to all components of the hospital.

Linen Service:

The Linen Service continued to ensure the patient needs for linen and dry goods. The Linen Service has developed a system of linen issues and receipts which should place much tighter controls and enable us to know exactly how much linen is issued and received from each lodge.

Housekeeping Service:

Mrs. Faye Clippard has been employed as the new Executive Housekeeper. The Housekeeping Service continued to maintain the facility in a clean, sanitary, and attractive condition.

Canteen Service:

The hospital canteen and vending machine operations continued a high quality of services provided for patients, staff, and visitors.

Dietetics and Food Service: The Dietetics and Food Service Department continued to provide services to the patients and employees. Breakfast is cooked on the premises, whereas lunch and supper are prepared by the SCDMH Consolidated Food Production Division. Therapeutic diets

are cooked and plated by the diet kitchen which is located at the Dowdy-Gardner Nursing Care Center. We serve approximately 750 meals daily. An annual "Food Acceptance Suervey" was conducted in September with satisfactory results.

In June, 1984, the S. C. Department of Health and Environmental Control conducted their quarterly inspection of food service and gave us a perfect score of 100. Since then they have not returned for a second inspection and it has been over a year.

The nutritionist has continued to counsel and do assessments on patients receiving therapeutic diets. She also visited regular patients as requested by the psychiatrists. The order of special diets has been expanding as needed.

Personnel Service: The personnel office continued to provide employee services and serves as a liaison between employees and supervisory staff. The office provided interpretations of policy and procedures, conducted new employee orientations, handled informal grievances, and counseled employees. Services included completing applications for the Credit Union and State Employees Association, and group health insurances, changes, and claims.

Service pins and certificates were awarded at a reception to 16 employees, each with 10 years of service. Participation in the "Facility Outstanding Employee Program" continued. Four employees retired with a total of 84 years of combined service.

C. M. TUCKER JR. HUMAN RESOURCES CENTER

DIRECTOR'S REPORT

Tucker Center continued to develop its resources as the Teaching Nursing Home of the Department of Mental Health with primary emphasis on quality patient care offered by multidisciplinary treatment teams under medical direction, supported by active community involvement.

Tucker Center reached maximal levels of productivity in all categories of operations during FY 1984-85. A total budget of \$9,550,100 included \$5,342,761 in State appropriated funds, plus \$3,227,907 in Medicaid and \$858,808 in VA revenues. This budget paid salaries for 450 FTE employees providing care and treatment for an average daily census of 580 patients, representing 95% occupancy. There were 513 admissions, 470 discharges, and 29 deaths, with 211,400 total days of care provided during FY 1984-85. However, staff-to-patient ratio decreased from 0.80 to 0.74,

so that the number of licensed nurses fell to marginal levels, requiring substantial overtime payments. The JCAH Long Term Care Accreditation Program cited "lack of sufficient nursing staff to provide a buffer during vacation periods, sick leaves and any emergencies. Twenty-five R.N.'s are paid in overtime each pay period to provide necessary coverage." Subject to this contingency, Tucker Center received three-year JCAH Accreditation, 1984-87. Tucker Center's three pavilions are licensed and certified by the South Carolina Department of Health and Environmental Control, as follows:

Fewell Pavilion: 100 SNF beds plus 50 dual-certified beds.
Stone Pavilion: 150 ICF beds.
Roddey Pavilion: 308 ICF beds.

ADMINISTRATIVE SERVICES

Under supervision of the Administrator, Robert G. Miller, N.H.A., all five components of Administrative Services coped effectively with expanding needs.

Food Service maintained established levels of productivity under the leadership of Sallie Hall, R.D. and Joyce Gilbert, M.N.S. Reorganization with new policies and procedures also improved the quality of Food Service operations. Production increased during 1984-85, when more than 600,000 meals were served. Food Acceptance Studies are done monthly to ensure adequate supplies of food appropriate to meet the nutritional needs of the patients at Tucker Center.

Pharmacy Service continued Unit Dose System service to all 13 wards at Tucker Center. Under the supervision of Wallace Quarles, R.Ph., three full-time pharmacists exceeded 6,700 transactions each month, for a total of 80,666 Pharmacy transactions during FY 1984-85.

Registrar Service was reorganized during FY 1984-85. Under the supervision of the Registrar, Lynne A. Williams, R.R.A. the following sections serve all of Tucker Center: 1) Admissions/Disposition, 2) Cashier/Post Office, 3) Legal Processing, 4) Medicaid-Medicare, 5) Medical Records and, 6) Word Processing. Registrar Services processed 199 direct admissions and 314 transfer admissions from other SCDMH facilities, accounting for 165 direct discharges, 305 transfers from other SCDMH facilities, and 29 Death Certificates. In addition to handling patients' personal funds, the Cashier/Post Office processes about 120,000 pieces of mail annually. Using word processing technology, the newly developed Legal Processing Section prepared more than 1,100 notices of right to release/right to re-examination for all patients and their correspondents.

In accordance with the South Carolina Code of Laws, 25 Probate Court Hearings were held during the last 60 days of FY 1984-85.

Supply and Services also set new records for laundry services by handling about 1,500,000 pounds of laundry during FY 1984-85, in addition to providing essential supplies, including printing and pest control services, under the supervision of Jacob Arnold, Supply Services Manager.

Housekeeping Service was transferred from Nursing Services to Supply and Services in September, 1984. Under the experienced leadership of Queen E. Cromer, C.E.H., the Housekeeping team continued to receive compliments from visitors, families, staff members, and inspectors for maintaining a clean, attractive and safe environment for all who visit, work, or live at Tucker Center.

The Staff Development Program continued to pursue the major goals of the Teaching Nursing Home, coordinated by Rowena Myers, R.N., assisted by Barbara Blackburn, R.N. In addition to the ongoing Geriatrics/Gerontology Patient Care Series, the Staff Development Program began a course in Rehabilitative Nursing Practice in November, 1984. In March-April, 1985, Social Work Service and Food Service collaborated with Staff Development to offer eight workshops focused on meeting psychosocial and nutritional needs of Tucker Center patients and employees. During FY 1985-86, Staff Development will pioneer in using the ETV Microwave System to bring Health Care Network Programs to Tucker Center. In addition, Staff Development will coordinate Inservice Education Programs with the newly developed MHS training Program of SCDMH.

MEDICAL SERVICES

The Medical Service continued to function effectively under direct supervision of the Director as Tucker Center reached 96% occupancy at the end of FY 1984-85. The JCAH Long Term Care Accreditation Program Survey in November, 1984 found that Medical Services at Tucker Center exceeded the quality standards required of nursing homes in the United States. Rosita C. Dizon, M.D., continued as Medical Section Chief, Fewell Pavilion; A.M. Davani, M.D., continued as Medical Section Chief, Stone Pavilion; Victor Estaba, M.D. and Robert Poiletman, M.D., served as Medical Section Chiefs of Roddey Pavilion. Joseph R. Thompson, M.D., joined the Active Medical Staff as Staff Physician, Roddey Pavilion in January, 1985, and became a Diplomate of the American Board of Internal Medicine in February. The Physicians Call System provided continuous availability of a physician on the premises of

Tucker Center, assuring adequate coverage for medical emergencies. With the retirement of Victor Estaba, M.D., in June, 1984, the physician-patient ratio decreased from 1:100 to 1:120. With drastically increased workloads due to medical staffings for all patients, physician and psychiatrist recruitment will continue to be a high priority for Tucker Center during FY 1985-86.

NURSING SERVICES

Nursing Services performed heroically during FY 1984-85, led by Mary J. Mobley, R.N., Director; by Loretta Chestnut, R.N., Associate Director, Group I; and by Sandra Cochran, R.N., Associate Director, Group II. Despite the contingency for additional licensed nurses to meet JCAH/LTC Accreditation Program Standards, Nursing Services again welcomed the USC College of Nursing for hands-on clinical training, reaching more than 300 senior baccalaureate nursing students in the past twelve years.

Nursing Services personnel successfully implemented the following new programs during the third quarter of 1984-85: 1) an improved automatic feeding system for use with indwelling nasogastric tubes for nineteen SNF patients who could not be adequately fed by hand; 2) clinical trials of an improved disposable brief for 286 incontinent patients. Both programs foster the safety and the comfort of Tucker Center patients.

During FY 1985-86, Nursing Services priorities will focus on a quantitative patient classification system as the basis for staffing schedules and on developing adequate numbers of licensed nursing personnel to ensure rehabilitative nursing care of the highest quality.

ANCILLARY SERVICES

Under the supervision of Roland Rainwater, M.Div., Director of Ancillary Services, the five component services showed a remarkable capacity to function effectively under stress in coping with major changes in patient care needs.

Activity Therapy Service maintained a high level of planned recreational activities, emphasizing traditional holidays like the State Fair, Armed Forces Day, Zoo Day, Halloween, Thanksgiving, Christmas, St. Valentine's Day, and Easter. Patients, families and staff enthusiastically participated in the Spring Hat Show. Led by its Chief, James M. Brown, T.R.L., Activity Therapy continued to develop the creative talents of patients and staff in bingo, bowling, bus tours, exercise groups, current events, table games, sing-a-longs, movies, shopping trips, and dining outside Tucker Center.

Pastoral Care Service continued to develop under the guidance of Hayden Howell, M.Div., Chief, who forged an active clinical affiliation with the SCDMH Academy for Pastoral Education. Harold Adkins, M.Div., Associate Chief, organized an outstanding workshop on Aging. Pastoral Care Services set a new record of 7,474 pastoral visits, 809 counseling sessions, and 276 family contacts during FY 1984-85. New programs include the Fewell Pavilion Worship Services on Wednesday afternoons and the Tucker Center Memorial Services in Roddey Pavilion on the second Wednesday of each month, supplementing the regular Sunday Worship services in the Roddey and Stone Pavilions.

Rehabilitation Services (Physical Therapy, Occupational Therapy, Speech and Hearing Therapy) pursued interdisciplinary integration under the supervision of Myra Ramsey, M.S.P., Chief. Lacking a full-time physical therapist during the second half of the year, Rehabilitation Services nevertheless enrolled 240 patients, performed 212 evaluations, gave 6,941 treatments, and discharged 90 patients during FY 1984-85. Carol Guardiola, R.P.T., resigned in January, 1985 and Filnara Der- rington, R.P.T., took charge of Physical Therapy. The search for a qualified Occupational Therapist will continue during FY 1985-86, since Kris Merschat, O.T.R., resigned in May. Despite these setbacks, Re- habilitation Services are still Tucker Center's most effective model for interdisciplinary teamwork with the handicapped.

Social Work Service under the leadership of Gwendolyn Stevens, A.C.S.W., Chief, documented 379 admissions/transfers, 319 discharges/ transfers out, and 128 deaths, 99 of which occurred at Byrnes Medical Center. Newly appointed Social Workers include Yvonne Appiah, M.S.W., Clinical Social Worker III (February, 1985), Amy Pace, M.S.W., Clinical Social Worker III (August, 1984) and Lisa Kesecker, M.S.W., Clinical Social Worker III (June 1985). During FY 1984-85, the following Social Workers have served full-time at Tucker Center: Judith Hynson, M.S.W., Clinical Social Worker IV; Cheryl Powell, M.S.W., Clinical Social Worker IV; Tanya Stewart, M.S.W., Clinical Social Worker IV and Joetta West, M.S.W., Clinical Social Worker III. The Social Work Peer Review Program continues to be the model for Peer Review at Tucker Center. Two M.S.W. interns from the USC College of Social Work completed clinical placements during the academic year. Social Work Service completed a seven-month trial period of weekend coverage in January 1985. Social Work Service also assumed a leadership role in assuring patients rights, including informing all patients of their legal rights to release or to re-examination during the final quarter of FY 1984-85.

Plant Therapy (Hortitherapy) was organized in May, 1985 by Harold Adkins, M.Div., and Joetta West, M.S.W. This new venture has been enthusiastically accepted by residents of the Stone Pavilion as well as the Roddey Pavilion, and is now offered twice each month.

Volunteer Services welcomed a new Chief, Maria Barrera, M.S.W., in November 1984, following an interim period of supervision by James M. Brown, T.R.L. Dorothy Smith joined as Assistant in January, 1985. Nineteen new volunteers were recruited, expanding C.A.R.T. (Caring Actively for Residents of Tucker) and Pet Therapy to focus on interpersonal relationships on a one-to-one basis. Volunteers at Tucker Center gave 2,794 hours of service and \$13,500 in material gifts, enriching the quality of life for all residents.

QUALITY ASSURANCE

Sarah T. Kirchman, R.N., N.H.A., was appointed Quality Assurance Coordinator in September 1984, assisted by Patricia May, R.N., who became Assistant Quality Assurance Coordinator in January 1984. Tucker Center's Quality Assurance Program monitors the work of all standing committees of the Joint Medical/Dental Staff; evaluates all applicants for admission; and reviews specific documentation in patients' medical records; and implements new forms and/or revision of existing forms. The Quality Assurance Program reviewed 2,400 medical records in association with the Utilization Review Program. The QA Program also reviewed 1,200 medical records for compliance with JCAH Long Term Care Accreditation Program Standards and DHEC Certification Standards for Nursing Care Facilities and/or Intermediate Care Facilities. During FY 1985-86, the Quality Assurance Coordinator will supervise development of Tucker Center's new Infection Control Program, assisted by a full-time Infection Control Program Nurse Specialist.

SUMMARY

By finely coordinating programs and services within the facility, Tucker Center was able to cope with an era of rapidly evolving change and progressively increasing service demands during FY 1984-85. During FY 1985-86, Tucker Center expects further progress toward our primary goals of quality patient care in the setting of a Teaching Nursing Home within the Department of Mental Health.

DIVISION OF ALCOHOL AND DRUG ADDICTION SERVICES

The Division of Alcohol and Drug Addiction Services has been very active over this time period primarily as alcohol and drug needs and interrelated services have been expanded. The SCDMH through its Division of Alcohol and Drug Addiction Services has taken a lead role with regard to other agencies in establishing a forward thinking methodology for increased cooperation, coordination and communication. This present level of activity is probably the highest level which has occurred both within and without the Department over the past several years. Highlights of these activities will be briefly stated in the following:

1. a. Continued computer analyses of alcohol and drug admissions to psychiatric hospitals.
- b. Alcohol and drug training and consultation with selected S. C. State Hospital staff.
- c. Present development for the formulation of an Alcohol Anonymous Memorandum of Agreement for weekly meetings at S. C. State Hospital, Crafts-Farrow, William S. Hall Psychiatric Institute, and Bryan Psychiatric Hospital.
2. S. C. Commission on Alcohol and Drug Abuse
 - a. A series of meetings held in Columbia, Charleston and Greenville to formulate increased cooperation between the local commissions and mental health centers particularly as it relates to CSP and ESP activities and the admission of the dually diagnosed persons to the psychiatric facilities.
 - b. Series of meetings held at Morris Village between the state commission regional coordinators and community mental health service regional coordinators so that all parties might become more aware of services and resources within the home community. The target goal for this group is increased cooperation and communication as it may relate to those admissions in the in-patient facilities.
 - c. Providing the flow of information between agencies so that maximum use of programming and new program development may occur.
3. Other State agency activities
 - a. A very active role in the consultation with the Governor's Legislative Study Committee on the Problems of Alcohol and Drug Abuse chaired by Senator Verne Smith.
 - b. Pivotal activities relating to the Governor's Prescription Drug Abuse Task Force chaired by Senator Elizabeth Patterson.
 - c. Consulting with the University of S. C. and the development of a

new course entitled, "Alcohol and Drug Abuse, Health Education 540-300."

- d. Active participation in the planning and service delivery of the S. C. Teen Institute conducted at Francis Marion College.
- e. Chairing and coordinating the biannual Public Sector Coordinating Committee comprised of representatives from Morris Village, Holmesview, and Palmetto Center.
- f. Significant role in being one of the three persons to formulate and manage the Management Training Institute, which was a post graduate, year-long training program for managers in the health care delivery service field.

EARLE E. MORRIS, JR. ALCOHOL AND DRUG ADDICTION TREATMENT CENTER

OFFICE OF THE DIRECTOR

This has been a positive and productive year for Morris Village. Thirteen hundred and ten residents were admitted and quality, comprehensive treatment services have continued.

Programmatically, the Village administration and staff have continued to assess and modify programs as indicated by resident needs. Toward the end of this period the new Preparation for Treatment Program was in its early stages of implementation, which will result in a more comprehensive orientation to and preparation for treatment for newly admitted residents. The Special Treatment and Evaluation Program and the Young Adult Program continue to provide excellent services for those special populations, and the standard treatment program continues to increase the quality of services rendered.

The Village's relationship with sister facilities and agencies continued to improve as we entered into cooperative agreements, Memoranda of Agreement, and provided program consultation, as indicated elsewhere in our report.

Our Quality Assurance program continues to develop and improve, and has assisted the Village in better monitoring of services. Next year the emphasis on quality assurance will continue, with further emphasis upon utilization review.

Of particular importance has been the opportunity for professional staff of the Village to assist the Deputy Commissioner in providing program consultation to other departmental facilities in planning for additional programming for alcohol and drug patients. This has proved to be a valuable experience for both our staff, and those of sister facilities.

The Village was honored to entertain and orient a visiting group from

Colombia, South America. The purpose of the visit was to familiarize these visitors with alcohol and drug treatment efforts and approaches in South Carolina, and particularly in the Department of Mental Health.

Also during the year we had the opportunity to revise our Philosophy of Treatment, and to finalize our facility By-Laws.

Finally, we were pleased to receive the endorsement of the Commission on Mental Health for the construction of our long-awaited Clinical Conference Area. Moreover, we anticipate an active, productive and exciting year to come.

PROGRAM DEVELOPMENT AND TRAINING

This has been a year of personnel changes in this diverse department that includes the various elements of program assessment, training management, media center, volunteer services, library, adult education, and data management and research analyst. There was a turnover of more than three-fourths of the department staff. The department was fortunate, however, in gaining through in-house transfers several staff members who had been with Morris Village for long periods of time. These staff brought with them their experience, expertise, and seasoned perspectives. New staff members from outside the Village brought their new ideas and enthusiasm. The department continued to work very closely with the Quality Assurance Coordinator.

With the recovery of a portion of staff positions lost in a previous reduction in force, an additional closed cottage was reopened. Only one cottage remains closed and with the further restoration of lost positions it is anticipated that this cottage will also be reopened. The freeze on hiring in the latter part of the year required intense management of available resources in order to continue to provide quality treatment services.

The department spearheaded the laying of the groundwork for a new orientation to treatment program for newly admitted residents. The program is scheduled to begin early in the 1985-1986 fiscal year. This program will serve the dual function of better preparing our residents to utilize the treatment program and will have a positive impact on reducing the number of persons in each therapy group.

The in-house training program continued to offer to staff training opportunities to upgrade their skills. Training for staff in clinical areas as well as specific training for administrative and support staff were made available. While the limited amount of training and travel funds necessitated a close management of that allocation, a number of staff were able to take advantage of training opportunities sponsored by other agencies and bodies. The Village continued its support of the S. C. School of

Alcohol and Drug Studies held at the College of Charleston by sending participants, group leaders and special topic presenters.

Adult Education

Due to the absence of a full-time Adult Education Instructor from November 1984 through January 31, 1985, the annual Adult Education report will concentrate on the months from February through June 1985.

During the five month period, a total of 186 residents were involved in the Adult Education Program. The majority of the residents were involved in preparation for their GED; however, a small percentage received services in the basic skills areas of reading, math, and writing; in addition to preparation beyond the high school level. A total of 25 residents took the GED exam, with 18 receiving passing scores on the exam.

Enrollment in the Adult Education Program has been on the rise. The average number of residents receiving services per month is 37; with some months servicing as many as 45 residents. The average resident enrolled in the program is scheduled to receive instruction between 2 to 4 times per week. Instruction is individualized to meet each resident's needs and/or wants.

Library

From July to November 1984, the library had limited access due to a resignation of the librarian and subsequently the job being frozen. Volunteers and a staff member assigned part-time to the library allowed it to function during this period of time. Starting in November the library was open for thirty five hours a week. In January a resident on the resident work program was assigned to the library. This person provided clerical and support help in the library. Starting in June 1985 the evening and weekend staff of the Activities Department took responsibility for opening the library several times throughout the month. This is an action that residents have requested in the past and has been encouraged by those people involved with the library.

The Morris Village Library participates in the SCHIN (South Carolina Health Information Network) and the interlibrary loan network at the S. C. State Library. The library also has informal ties for interlibrary loan with the USC School of Medicine Library, Richland County Library, SCCADA library, Columbia, area medical libraries, as well as other libraries in the Department of Mental Health. These libraries also provide data base searching and reference question research for the benefit of both staff and residents at Morris Village.

To provide maximum use of library materials there are reading collections in each of the cottages, in the women's and staff lounges, and the

male and female quarterway residences. For the first time the library administered a matching LSCA grant from the State Library for resident reading materials. This greatly increased the number and relevancy of material available for resident use.

The library serves as the resource center both for residents and staff information requests. Resources both in book and journal selections are evaluated and updated for timeliness and appropriateness to the collection needed for obtaining the goals and objectives of Morris Village.

Volunteer Services

Volunteer Services is one of the community liaisons of Morris Village. The Volunteer Services Coordinator requests and accepts contributions of materials and services from the community and channels them to the department in which they can be most useful. The Coordinator works with staff to develop volunteer programs and recruits volunteers requested by Morris Village staff. The coordinator also orients the volunteers to the facility, keeps records of their services, and is responsible for their quarterly reviews. The coordinator is also responsible for their recognition. The Morris Village Volunteer Services Coordinator works with other SCDMH Volunteer Coordinators as well as with the Mental Health Association, Volunteer Action Center, and the S. C. Association of Volunteer Administrators to provide programs that enrich treatment at Morris Village.

Media Center

A major emphasis of the Media Center has always been production of media for training and education. With an increased awareness and utilization of media, staff requests have increased for both production media and in the past year, a greater demand for consultation in utilization of media.

Consulting individuals and groups on production techniques, utilization and media management has consumed much of the energies of the Media Center's staff. Although the major emphasis has been working with the Morris Village staff, varied media services are being provided increasingly to other mental health facilities and other state agencies. Design and planning for the installation of closed circuit ETV through the ITFS System has consumed much time this past year. Site planning and content programming for Morris Village and other agency components has become a major concern. The Media Center staff includes a Multi-Media Consultant, Graphics Director and new position, Audio Visual Specialist. Having three producers has increased our quantity and quality of output. Graduate interns from the USC School of Library and Informa-

tion Science and the Department of Media Arts have also added their skills and expertise to media projects.

Data Management and Research Analyst

The research analyst continues to provide data for regularly scheduled reports as well as on-demand demographics and statistical consultation. Ongoing projects include gathering/analyzing data for the Morris Village Management Information System; working with the Administrator to develop the Morris Village Affirmative Action plan; working with the Deputy Director for Alcohol and Drug Services in the tracking of alcohol and drug admissions to other SCDMH facilities; serving as a consultant on the Prescription Abuse Data Synthesis technical committee; and providing monthly data on the Morris Village resident population.

In addition to these ongoing projects, there have been several special projects. Among these are: consultation with the AA/NA community concerning the selection and purchase of a micro-computer, and provision of systems analysis in order to adapt the software to their needs; a study tracking the increasing use of cocaine among the resident population (all facilities); several studies concerning the effects of large admission groups on the type of discharge received by residents; demographic data provided to the Young Adult Program, to the Librarian, and to the United Way for inclusion in their reports. Additionally, a study was done concerning stress experienced by the Morris Village staff in response to an earlier reduction in force; the results of this study were presented in a paper at the Southeastern Stress Management Symposium.

The research analyst has become more involved with the training section by presenting staff training in areas such as sex crimes and sexual deviations, with future workshops planned in the areas of prostitution and incest. He has also become more involved in the treatment program by accepting resident case management responsibilities.

The research analyst has also provided consultation in program evaluation, developing a plan for evaluating the Activity Therapy Assessment program; technical assistance has also been provided to related outside agencies concerning program evaluation instruments.

SPECIAL TREATMENT/EVALUATION PROGRAM (STEP)

The STEP unit has remained restricted in the numbers of clients it could accept, and has maintained the criteria of significant medical or psychiatric impairment for service entry. Residents assigned to this service receive recreational and group therapies, and participate in the daily Lecture Series. Because of the nature of the residents treated, each

resident is reviewed by the treatment team every week. Some residents are cleared to move into the standard treatment program, and some are referred to psychiatric or medical facilities. The rest are usually returned to the home community for out-patient care following evaluation.

During the past year, a total of two hundred and sixty-three residents were served in the STEP unit. The STEP treatment team also serves as the assessment/assignment body, and so reviewed all thirteen hundred ten admissions to Morris Village to determine team and group assignment.

The most significant change relating to the STEP unit has been the initiation of a pre-admission screening team that can be called on short notice at the request of anyone involved in the admitting process.

There continues to be a need for a high management cottage where clients could be observed more closely around the clock, and where management problems could be addressed.

Staff in the STEP unit had two partial-day working "retreats" during the past year, during which changes in treatment plan and other procedures were refined. The only major change anticipated in the coming year would be preparation for the high management cottage should funding be approved.

YOUNG ADULT PROGRAM

This past year has seen a radical increase in demands for service in the Young Adult Program. On average for the school year, fifteen names were carried over each month on the waiting list. Referrals from private alcohol and drug abuse facilities (referring adolescents whose families did not have sufficient insurance coverage) and from other referral agents who were especially interested in the Morris Village School accounted for the bulk of the increase; the impact of the Education Improvement Act is assumed to be the major impetus. The Program remains the only publicly funded resource for treating adolescents with substance abuse problems, and 82 youth were served during the year.

Program services have remained stable or expanded during the year. The Outdoor Education Program (which was featured in an article in *The State*) continued, with staff establishing cooperative networks with other youth programs looking into wilderness programming, most notably the Department of Youth Services. A proposal for engaging in rock climbing, under strict safety guidelines, was developed and submitted; no action has been taken to date. Additionally, John Morris and Jan Merling (co-founders of the Outdoor Education Program) presented a paper at the Twelfth International Conference of the Association for Experiential Education.

Other specialized groups continue to supplement the basic treatment offerings and provide focused attention in areas of unusual need. Drug

Education continues to become more sophisticated and an extensive library of resources and materials is growing. The Men's and Women's groups, Leisure Counseling and Home Economics continue to address development issues relevant to this age-group. There has been significant initiative to involve our residents in the programs of Alcoholics Anonymous and Narcotics Anonymous this year as a way of cementing aftercare relationships in the community. Two staff members and all residents took part in "Project Discovery" last September; this was a weekend experience sponsored by the SC Commission on Alcohol and Drug Abuse and the Episcopal Diocese of Upper South Carolina designed to enhance re-entry into the home community.

The Program has received much greater scrutiny this year because of the Governor's Children's Coordinating Cabinet initiative on youthful alcohol and drug abuse. Coordinator John Morris has been asked to Chair the Treatment Resources Subcommittee of the Cabinet; Ray Condry of the Morris Village Aftercare Staff has also been appointed to this work group.

Future plans for the Young Adult Program include expansion to twenty-four beds, refinement of specialized services and increased evaluative study of program outcomes.

CHAPLAINCY DEPARTMENT

The department of Chaplaincy at Morris Village provides pastoral and educational services in three primary areas of the Village.

In direct resident care, chaplains provide pastoral care services to all residents, including worship services, individual, group, and family therapy, and pastoral counseling designed to address specific treatment issues for chaplaincy referrals. In addition, chaplains serve as pastoral consultants for all Village treatment teams.

The Clinical Pastoral Education program provides CPE training through a full-time year program September through August and a full-time unit during the summer. Both basic and advanced levels of training are available.

Chaplains also provide informal pastoral care as well as formal pastoral counseling for all staff members of the Village, as needed. Additionally, members of this department are continually involved in a variety of treatment programs and committee activities in the Village.

This department has undergone positive growth during the past year. The program is actively involved with the SCDMH Academy for Pastoral Education. We have had two full-time students in this program during part of the year. Four additional students have a partial assignment in this setting.

PSYCHOLOGY DEPARTMENT

The Psychology Department at Morris Village provided the same quality services as in the past year. These services include administering psychological evaluations, engaging residents in individual and group psychotherapy, and providing coverage for all Treatment Teams. In addition, Psychology staff members have served as Treatment Team chairpersons, and as leaders of Specialty Groups (i.e., Women for Sobriety, Assertiveness Training). It should be noted that Psychology Department personnel have also served as lecturers in the Lecture Series, as guest speakers for AA/NA, and as clinical supervisors for other staff members at Morris Village. A close relationship with the physicians at Morris Village has continued, and members of the Psychology Department have consulted with them regarding initial screenings of residents and the determination of whether referrals to other psychiatric facilities are appropriate.

Psychology hired a new discipline chief with a wide variety of experiences in the SCDMH. In addition, the department has filled two Psychologist II positions, one of which is full-time and one part-time.

Members of the Psychology Department have served on a variety of committees within this facility and within the Department, both as members and as chairpersons. These committees include the Human Relations Council, Credentials Committee, Primary Prevention Committee, Medical Records Committee, Dress Code Committee, Research Committee, Library Committee, and the Management Information Systems Committee.

In order to increase their skills and general expertise, Psychology Department personnel have attended a variety of workshops during this past year. Psychology personnel have also led workshops and seminars.

In addition, our new Chief of Psychology has written a chapter on "African American Families and Alcohol Abuse" for publication in the upcoming book, *Adult Children of Alcoholics* and a chapter for the *Third Edition* of the textbook, *Black Psychology*.

SOCIAL WORK DEPARTMENT

The year began with efforts underway to fill a Clinical Social Worker position which was accomplished in August, 1984. With approval to fill two add back Clinical Social Worker positions, accomplished in January, 1985, the fiscal year ended with the following staff breakdown: Director, Administrative Specialist, seven Clinical Social Workers, three Social Workers, and two Mental Health Counselors.

The staff are generally more than minimally qualified. Memberships and certifications in numerous professional organizations are held among

staff: Academy of Certified Social Workers, Certified Addictions Counselors, American Association of Marriage and Family Therapists, International Transactional Analysis Association, Association for Clinical Pastoral Education, N.A. Society for Adlerian Psychology and, Columbia Adlerian Society. And, in keeping with our thrust on provision of quality services all staff participated in training workshops during the year. As of this writing six staff were scheduled to participate in the S.C. School of Alcohol and Drug Studies the end of July, 1985 with two members providing workshop leadership.

Our teaching/training relationship continued with USC College of Social Work and five second year graduate students completed internship requirements toward their graduate degree in social work. Three students were in block internships.

Departmental goals established the end of last year were accomplished. The "Socio-Cultural History and Assessment" form was shown to be more than effective in streamlining the intake/staffing process and was used to record data more timely for medical records purposes. The revised operational manual for the department was distributed to each staff.

The year ended with focus upon the following objectives for 1985—86:

- 1) to develop an educational program on family issues to be used with families involved in family group therapy
- 2) to develop information about the department to be used as part of an orientation program for new residents.

AFTERCARE SERVICE DEPARTMENT

Strengthening our statewide relationship with Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon remained a top priority. Sixteen meetings known as the "Faison Drive Groups," authorized and registered through their respective World Service Office, are held each week at Morris Village. These meetings were attended by residents, members of their family, friends and members of the state recovering community over 34,000 times during this fiscal year. This represents an increase in attendance of 8,000 over last year. Approximately 475 residents asked for and were assigned temporary sponsors from the Alcoholics Anonymous, Narcotics Anonymous or Al-Anon Group located in their respective communities following completion of treatment.

Our staff of ten volunteers, from the local recovering community, continue to serve as a vital part of our service delivery team. These volunteers worked approximately 1,500 hours.

Aftercare planning and referral continues to be a vital part of the Morris Village Treatment Plan. As a resident approaches his/her scheduled discharge date, the initial aftercare plan is brought up-to-date,

finalized and an appropriate referral made. Good interagency cooperation assisted the Aftercare Department in making approximately 900 referrals, with the majority of these made to community mental health centers or county commissions on alcohol and drug abuse.

The Aftercare-Court Liaison Service continues to provide paralegal services to adult residents at Morris Village with criminal, civil and domestic problems. During this reporting period 523 residents were referred to the unit. In addition, the Court Liaison counselor attended and testified in 38 parole hearings and 5 court appearances.

Our Memorandum of Understanding with the S.C. Department of Corrections was updated which resulted in utilization of the maximum number of beds set aside for their use at any given time.

The Morris Village Community Residence Program maintains licensure for 10 male and 8 female residents. Residents of the Community Residency Program paid over \$28,000 in rent, an increase over our last reporting period of over \$5,000. Sixty-one admissions were made during the year with an average daily census of 15. The bed utilization of over 95% and an average of 28 persons were on the waiting list throughout the year.

Again, one of the year's highlights for Aftercare Services occurred in August when the "Third Morris Village Reunion" was held. Well over four hundred former residents and staff, family and friends of residents, staff members and friends from the recovering community came together in this "Celebration of Recovery." The reunion proved to be an extremely meaningful event for all who attended.

Members of the aftercare staff function at all levels as treatment service providers and a number of them served as faculty members of the S.C. School of Alcohol and Drug Studies. Several members also made presentations and conducted workshops during the fiscal year.

In addition members of the department serve as committee, board and council members on both the local and state level.

ACTIVITY THERAPY SERVICES

Activity Therapy Service continued to provide a wide range of treatment offerings. Activity Therapy staff were involved in the planning and conducting of 4,299 treatment sessions, with a total patient attendance at these sessions of 41,158.

Currently the Activity Therapy Program consists of Recreation Therapy, Music Therapy, and Hortitherapy. Specialized referral groups are offered within each profession and are coordinated in conjunction with other treatment modalities. These groups include, but are not limited to: Leisure Counseling, Progressive Relaxation, Basic Guitar, Active and

Passive Leisure Skills, Weight Training, Jogging, Ceramics, Hortitherapy, Macrame, and Movement and Music. Although the teaching of a skill is an important part of specialized Activity Therapy groups, doing this often allows the therapist to create a non-threatening environment in which more subtle and sensitive areas can be approached. In addition to specialized referral groups, Activity Therapy staff are involved in Group Therapy, Individual Therapy, Biofeedback, Bibliotherapy, and the Educational Lecture Series.

Another important aspect of the Activity Therapy Program is Group Dynamics. This innovative program was initiated in 1982 in response to a need for more group cohesion within the psychotherapy groups. Upon admission, all residents are assigned to a Group Dynamics Class which corresponds to their assigned psychotherapy group. Group Dynamics attempts to promote group cohesion and facilitate communication by involving the members in activities that encourage group building, risk taking, communication, and social interactions.

For the seventh consecutive year, Activity Therapy Service has been involved in a social integration program with Morris Village residents in the form of a softball team that plays in a regular city league. This provides many residents their first opportunity for participation in organized sports as well as preparing them to re-enter the community. The focus is on participation rather than winning and the resident must earn the right to be a member of the team, as membership is based not only on skill level but on how the resident is participating in other areas of his treatment.

Activity Therapy also offers diversionary activities in the evenings and on weekends. This program is designed to offer informal constructive leisure activities in which the resident can participate without being under the influence of chemicals. For example, dances allow residents to experience this event sober — a first for many of our residents.

The Activity Therapy Department continues to offer a twelve week internship program which is designed to provide an intensive, supervised clinical experience for the recreation therapy student. The intern is directly involved in planning, conducting and evaluating therapeutic activities, while functioning as a member of the Treatment Team.

Finally, in May, 1985, Activity Therapy Service implemented an Activity Therapy Assessment Group. Upon admission, residents enter this group and are assessed while participating in activities and discussions. They also complete a leisure interest survey and a personal inventory survey. After completing this program, residents are referred to a specialized Activity Therapy group based on their interests, strengths, and needs identified during the assessment process.

Activity Therapy staff continue to represent Morris Village by giving

presentations in the community and attending local, state, and national professional meetings.

NURSING SERVICE

Nursing Services provides a wide range of services to Morris Village residents. Registered Nurses and Licensed Practical Nurses are on duty twenty-four hours per day. Nursing Service personnel monitor resident cottages, provide orientation for new residents, and coordinate and chaperone residents for medical services at other Department of Mental Health facilities. Additionally, nurses function as members of treatment teams and as therapy group leaders and/or co-leaders.

MEDICAL SERVICE DEPARTMENT

Medical services at Morris Village are provided by three physicians. The medical staff is responsible for the evaluation and treatment of residents in the Village.

The process begins with the preadmission screening that allows the physician to recognize prior to admission, any medical or psychiatric condition that could preclude admission to the Center.

Once a resident is admitted, the physician completes a physical examination and medical history. Any medical treatment that a resident could be following prior to his admission is evaluated and continued if indicated. Otherwise, medical treatment is initiated when appropriate, and referrals to clinical consultations are made when indicated.

Medical services are provided through Sick Call which is done first thing in the morning. The Village Infirmary provides confinement for residents and the attending physician provides follow-up.

These medical services are provided in a close relationship with the Treatment Teams and any staff member involved, which enables all staff members in the Village to have a better understanding between medical and other treatment services of the Center.

ADMINISTRATIVE SERVICES

This fiscal year at Morris Village was one of stabilization and productivity. Stabilization was particularly evident in the dramatic decrease in the rate of staff turn-over as well as in the greater than 80% average rate of bed occupancy sustained throughout the year. Productivity was manifested in numerous areas ranging from improvements to the physical plant to the increasing interface between clinical and administrative services.

In order to reopen the second of three cottages closed as a result of the

reduction in force of FY 82, five new staff positions were funded this year. In addition, six existing positions were reassigned to create a Housekeeping Department at Morris Village for the first time. A third personnel issue of significance was the reduction in staff turnover from 25% in FY 84 to 15% in FY 85.

More equipment was purchased this year than has been purchased in any of several previous years. Leading the list was the complete replacement of all mattresses and pillows by the Department. After months of struggling to comply with the State Procurement Code, the purchase and installation of new word processing equipment was completed early in this fiscal year. Other equipment purchases included a wide variety of items such as washing machines, picnic tables and office equipment.

The physical plant received some long-awaited refurbishing. Three of the fourteen residential cottages were repainted for the first time in twelve years. Several other areas such as the Meeting Hall and Social Room were repainted while the Library and Canteen were remodeled. One accomplishment which will be carried forward into the next year was the Commission's approval of the Clinical Conference Center at the Village.

The staff continued to exercise fiscal responsibility and accountability as operating funds were appropriated at the same level as in previous years. To meet the challenge of the inflationary impact upon the dollar, more stringent cost-saving measures were implemented and closer budget oversight was exercised. As a result, Morris Village has carried a 9% budget surplus throughout the year to this writing.

In addition, the Village cooperated in efforts to alleviate the budget deficit which affected all facilities and programs through a regulated freeze in employment and equipment purchases. A second Departmental issue involving Morris Village was the consolidation of Food Production, to which the Village contributed \$160,000 and one vehicle. Additionally, three passenger vehicles were transferred from Morris Village to the Department's motor pool.

In face of this constant, flurried activity, there has been a conscientious effort on the part of Administrative Services not only to support the clinical staff, but to become partners with them in rendering the highest quality services to Morris Village residents.

REGISTRAR DIVISION

The Registrar Division which includes the Admissions and Disposition Section, the Medical Records Section and the Post Office continues to provide vital services to the operation of Morris Village. There were changes in personnel and procedures in the Registrar Division during the 1984-85 fiscal year.

There were 1,310 admissions and 1,281 discharges from Morris Village which indicates a 7% increase in admissions. A cardwriter and imprinter were purchased and installed in the Admissions and Disposition Section. An employee in this area was on five months military leave during the year and a temporary employee from Manpower was utilized.

The Medical Records Supervisor retired on February 7, 1985, after completing nine years of continuous service. A Registered Records Administrator was employed on May 27, 1985. New typewriters and an imprinter were purchased for the Medical Records Section. The 1981 medical records are being processed for microfilming and shelves have been installed in a storage room to provide secured storage for permanent medical records. The Medical Records area has been rearranged and some renovations were completed in 1984-85.

A new position was assigned to the Registrar Division and the employee's duties include interviewing every resident and/or family at the time of admission, completing the financial statement, determining the average daily rate for treatment, and typing the contract for payment. This process has increased the amount of monies received on resident's bills.

The Post Office continues to handle all resident's funds, postage, petty cash, and cash receipts with no problems.

PERSONNEL SERVICE AND EMPLOYEE RECORDS

As we started the fiscal year our staff totaled 140. Twelve new positions were approved, changing this total to 152. Because of a lack of funds we lost five of these positions. We ended our fiscal year with 147 staff, a gain of seven positions. Other personnel actions included 33 employed, 19 separated, 7 promotions, 9 reclassifications, 3 transferred out, 9 transferred in, 3 reassigned, and two retired. Also, a complete dental benefits plan was made available to employees, retirees, and their dependents effective February 15, 1985.

SUPPLY AND SERVICES

During this year the Supply and Services Department experienced a complete change of personnel. Mr. David M. Smith was hired as Supply and Service Manager on July 17, 1984, having transferred from C. M. Tucker Center with nine years of service. Mr. Ken Laurens was hired as our new Storekeeper on September 18, 1984. Helen Camp was hired as Secretary for Supply and Services on August 17, 1984 and Marion Goodson as Vehicle Operator for Transportation on December 17, 1984.

A new Housekeeping Department was established in September with Mrs. Barbara Tobias as Housekeeping Supervisor.

Other significant improvements were: a new high speed burnishing waxer was received on December 28, 1984, and has improved the condition of the hard surface floors throughout the campus. Liquid soap dispensers were installed during January and four new picnic tables were placed on the grounds. All mattresses were replaced during February, 1985. Painting of the cottages was started on April 8, 1985. Cottages 8, 9, and 3 have been repainted. Three vehicles were reassigned to Crafts-Farrow State Hospital on September 28, 1984, leaving Morris Village with three vans. The yearly fixed assets inventory was the best ever taken with all items being accounted for with no discrepancies.

This section continued to run smoothly and efficiently, during the year, processing 242 purchase requisitions, 514 petty cash requests, 976 store-room requisitions, and 75 engineering work orders.

FOOD SERVICE

Food Production was consolidated this past year. All food is delivered to the loading dock and is transported to each dining room by the Food Service Aides. They also separate and refrigerate food for the Community Residences to be transported at a later time. The impact of the consolidation was the loss of two vehicle operator positions and the reallocation of the food budget from Morris Village to the SCDMH Food Production Branch.

The canteen staff includes one full-time employee, one part-time employee and the working residents. The canteen continues to remain open seven days each week; six hours per day on weekdays and three hours on Saturday and Sunday. The canteen is still available to staff from Crafts-Farrow State Hospital and Bryan Psychiatric Hospital. The canteen sales were \$64,089.06 for 1984-85.

Vending machines sales were \$5,011.92 for 11 months (July sales figures were not yet available for this report). Total sales were \$69,100.98. The average rate of profit was 43.57 percent. The position in the canteen was upgraded to a Canteen Supervisor.

Vending machines continue to operate under ARA Vendors as they have for the past two years.

WORD PROCESSING

The Word Processing Center has purchased three new LBP Work Processors and three new 1600 Lanier Printers. Consequently, numerous forms and applications were implemented/revised in the Center, i.e., Socioculturals, Vocational Rehabilitation Assessments, and various Activities reports.

The demands of the Word Processing workload necessitated the em-

ployment of three full-time operators. With these positions filled, it has greatly decreased the individual operator's workload and the amount of overtime necessary to produce required documentation.

The operators produced a monthly average of 1,487 documents; 2,677 pages; and 94,855 lines. According to the statistics, the productivity level has been impressive and the quality of documents produced has been high — thanks to the competent employees of Word Processing.

The supervisor of Word Processing was the Coordinator of State Automotive Systems Association (SASA) and has been elected to serve as the Secretary of SASA for the 1985-1986 fiscal year.

VOCATIONAL REHABILITATION SERVICE

The Vocational Rehabilitation Service continued through the transition process as senior staff persons accepted new careers or moved to "greener pastures." Two "freshman" professional counselors developed their skills and began to establish their caseloads. Although the vocational evaluation program began to develop a new direction, the work adjustment training program functioned without the skills of a full-time professional instructor. The Resident Work Program was redefined under the direction of an experienced rehabilitation assistant. Unlike the previous year when the Service achieved a high level of caseload productivity, the numbers were moderate for this fiscal year. The overall quality of counseling and evaluation services improved as a new emphasis was placed upon meeting prescribed standards. Of 1,310 total admissions, 569 residents were interviewed by vocational rehabilitation. 332 or 58% were accepted for services. Of these, 74 completed the work adjustment and vocational evaluation interventions. 265 residents returned to their home communities where vocational rehabilitation services were provided at the local level. Approximately 145 residents were provided job placement and follow-up services by the Morris Village rehabilitation staff. This resulted in 36 being successfully placed in wage earning jobs in the greater Columbia area. In summary, the Vocational Rehabilitation Service experienced a year of new direction supported by a change in personnel.

DOWDY-GARDNER NURSING CARE CENTER

DIRECTOR'S OFFICE

Fiscal Year 1984-85 was a very active year at the Dowdy-Gardner Nursing Care Center (D-GNCC) with continued focus on staffing and patient admission. The Farmer Building became fully operational on July 18, 1984, with the admission of 43 patients to the fourth floor. Expansion

of the facility continued on October 3, 1984, with the admission of 40 patients to Ward 400 of the McLendon Building. Ward 300 was opened on October 11, 1984, with the admission of 41 patients and Ward 200 was opened on February 6, 1985, with the admission of 39 patients; thus reaching the goal of full operation of all IMD beds in the D-GNCC. The mass movement of patients was manageable through the hard work of the D-GNCC staff and the cooperative efforts of other SCDMH facilities.

Activity remained vigorous, after occupation of the Farmer Building and the McLendon Building, as plans for the addition of 126 ICF/MR beds progressed. A Certificate of Need was approved on May 6, 1985, for three units to be located in Buildings 14 and 16 on the Crafts-Farrow State Hospital Campus. Key staff, including two Qualified Mental Retardation Professionals and a Psychologist, were employed and proceeded to develop policies and procedures, with the help of other D-GNCC staff and personnel from the S. C. Department of Health and Environmental Control, the S. C. Department of Mental Retardation, and other Mental Retardation facilities outside the state. Projected occupancy date of the first unit of the ICF-MR Program is early September, 1985.

The D-GNCC philosophy of providing quality patient care continues to be carried out by a staff devoted to providing excellent patient care.

ADMINISTRATIVE SERVICES

Due to the uniqueness of the D-GNCC buildings being located on two separate campuses, SCDHEC Licensure and Certification requirements mandate that each building must have a licensed Nursing Home Administrator who is responsible for the management of the facility. Requirements were met in January, 1985, with the employment of Shilda D. Friendly, NHA, to serve as Administrator of the Farmer Building and as Director of Administrative Services for the D-GNCC. The five components of Administrative Services have functioned effectively and efficiently in meeting the needs of an expanding facility and in providing optimal administrative support to the Professional Services and Nursing Service.

Food Service

The Food Service Department for the D-GNCC employed Carolyn B. Chestnut in July, 1984, as Nutritionist II. Mrs. Chestnut became registered with the American Dietetic Association in December of 1984. Mrs. Chestnut left the employment of Dowdy-Gardner in June, 1985 and is currently employed as a consulting Nutritionist.

The department of Food Service is directed by a full-time Dietitian I under the supervision of a consulting Nutritionist II, who is a registered

member of the American Dietetic Association. The dietitian is responsible for the planning, organizing, directing and evaluating the total food service. Dowdy-Gardner Nursing Care Center Food Service department has a total of 26 employees.

The Food Service Supervisors in the departments supervise the employees and assist in training personnel and implementing policies on food serving, sanitation, and safety.

Food Service is provided for D-GNCC to include the service of 166 beds in Farmer Building, State Park, and 132 beds at McLendon Building, Crafts-Farrow campus. With the advent of the new year Food Service will initiate serving 126 ICF/MR beds to be located in Buildings 14 and 16, Crafts-Farrow campus. Additionally, the employee dining room is currently serving lunch to approximately 60 to 70 employees daily. The employee cafeteria is open from 12:00 p.m. — 1:15 p.m., Monday — Sunday.

All food is received in bulk from S. C. State Hospital and is plated at the institution; 3M tray service is utilized at the facility.

The Food Service Department follows a ten week cycle of menus as planned by the Nutritionists of the S. C. State Hospital and Crafts-Farrow State Hospital. Menus are approved by a Registered Dietitian and are subject to periodic changes. Nutrient analysis is performed when new menus are implemented.

Goals accomplished during the past year include: 1) Successful completion of revised Policies and Procedures. 2) Completed staffing and reorganizing job duties for more efficient food service operation. 3) Service of both hot foods and cold foods at proper temperatures.

Goals for the upcoming months include: 1) Opening of the ICF/MR units as smoothly as possible. 2) Provide the highest quality food service for the patients. 3) To maintain current assessments and care plans on all patients, and to be alert to their nutritional status and needs. 4) Upgrade members of the Food Service Department; this measure will act to relieve the Food Service Supervisors of many first line supervisory responsibilities. 5) Fill position for permanent, full-time Nutritionist II. 6) Become familiar with consolidated food service operation.

Custodial Service

Reorganization of Administrative Services resulted in this department being placed under the direct supervision of the Administrator. The Custodial Services staff excelled in cleaning the fourth and fifth floors of the Farmer Building and the entire McLendon Building after renovation was completed. The staff has been complimented throughout the year by visitors and surveyors from the licensing and certification agency for the immaculate condition of the buildings. Goals for the coming year include

employing additional staff for the ICF/MR units and preparing these units for occupancy.

Registrar Service

During the past year D-GNCC has had 240 admissions and transfers-in; 17 discharges and transfers-out, and 36 deaths. Total patient days were 85,082.

The Registrar Service has 6 employees to cover Admissions, Medical Records, Information and Cashier.

Plans for the coming year include working with other facility departments in preparation for the opening of the ICF/MR units.

Supply and Services

Full personnel complement has been realized to support the D-GNCC organization.

During this past year the fourth floor of the Farmer Building, the second, third, and fourth floor of the McLendon Building were furnished and prepared for patient occupancy.

The furnishing of the fifth floor of the Farmer Building was also completed.

The removal and storage of all furniture and equipment from Building 16, Crafts-Farrow State Hospital, to accommodate building renovation was accomplished.

Equipment and supplies were purchased to support two wards of the ICF/MR Program, which is to be housed in the east wing of Building 16 and a portion of Building 4, Crafts-Farrow State Hospital.

Pharmacy Service

The Pharmacy Department of D-GNCC provides distributive and clinical pharmaceutical services for 298 patient beds.

Medications are dispensed in unit dose form, individual prescriptions, and floor stock issue. A total of 27,285 prescriptions were issued for patients during the year.

Clinical pharmacy services are performed by a registered pharmacist. A total of 2,656 patient charts were reviewed using approved guidelines.

ANCILLARY SERVICES

Activity Therapy

The Activity Therapy Department concentrated on providing daily therapeutic activities for all patients. The McLendon Building opened with Activity staff assessing and evaluating patients for a therapeutic recreational program. These activities include, but are not limited to: Music Therapy, Reality Orientation, Individual Therapy, Arts & Crafts,

Exercise, Bus Trips and Seasonal and Birthday Parties. The Farmer Building Activity Program has been reviewed for its appropriateness in meeting each patient's needs. Daily therapeutic schedules are being monitored for implementation. A program for Blind and Physically Handicapped patients was developed, approved and is being implemented. This program must provide the following: 1) Opportunities for recreation experience that are within the range of each patient. 2) Recreation opportunities must be consistent with their life styles, education, social background and interest and ability to participate. 3) Recreation programs will be evaluated in terms of the objectives. 4) The recreation program will not exclude the blind and physically handicapped patients.

The Activity Therapy Department will extend its program to include the ICF/MR residents. Policy and Procedures have been completed for this program. Activity Therapy Service will strive to provide daily therapeutic activities for all patients according to their needs, interest and ability. As patients are scheduled for care conferences, their activity plans will be re-evaluated.

In the past six months Activity Therapy Department provided several special events such as a Russian Tea Sip, a Valentine's Day party with a King and Queen of Hearts, a St. Patrick's Day party, an Easter party, participating with CFSH A.T.S. Spring Ball, a trip to Riverbanks Zoological Park, Mother's Day party, Father's Day party, an Ice Cream party and a May Day program. Activity Therapy Service continues to assist Volunteer Services and Chaplaincy Service with their programs.

Activity Therapy Staff are doing more patient shopping using the new policy and procedures. We have added one new staff member to the department. He will be working in the ICF/MR Program. All staff members will continue to provide therapeutic activities on weekends and evenings.

The Activity Therapy Service Supervisor will further develop the ICF/MR Program. Supplies and equipment will be requested for McLendon, Farmer and for Buildings 14 and 16. Future goals are to increase staff members and to observe, evaluate, and implement daily therapeutic activities. Goals obtained within the past six months were the revision of Activity Therapy Service Policies and Procedures manual, the re-evaluation of our exercise program, and a program for Blind and Physically Handicapped patients was completed.

Chaplaincy Service

The Chaplaincy Service is composed of one full-time and one part-time Chaplain who direct the program: 1) To help sick persons accept themselves as creatures of worth; 2) To assist the patient in retaining his/her

faith and dignity; 3) To coordinate the religious services of all Faith Groups; 4) To interpret to Dowdy-Gardner's staff and personnel the role and function of Pastoral Care Services; 5) To cooperate with other staff personnel in providing a holistic healing community; 6) To provide assistance in the teaching and training of other staff members; 7) To provide orientation and training for community clergy persons, volunteers and other concerned community persons; and 8) To provide supervision of Clinical Pastoral Education to students, interns, and other theological students.

In fulfilling its purpose Pastoral Care Services provided 47 counseling sessions to patients, 920 pastoral visits to patients, 190 religious assessments of patients, 38 patients' family contacts, 16 consultations concerning patients, 71 worship services, 2 patient funerals, 10 Holy Communion services, and attended 44 patient care conferences.

Physical Therapy

A total of 2,985 physical therapy treatments were provided to Dowdy-Gardner Nursing Care Center patients. One hundred and nineteen patients were referred for therapy with approximately 100 of these receiving physical therapy. The majority of patients referred to this service are seen on a daily basis for an average length of two and a half months. Success rate has been greater than 75% with at least 45% of these patients maintaining benefits from therapy six months later.

Efforts to recruit additional professional staff continued. Response from these efforts resulted in interviews with six Physical Therapy Assistants and one Physical Therapist. At present, there is one good prospect for filling a Physical Therapist Assistant vacancy.

Involvement in Continuing Education activities has been done for the most part during non-working days outside the Department of Mental Health. All S. C. Physical Therapy Association meetings were attended with two additional courses attended during this fiscal year which were sponsored by that Association. Two required annual inservices were attended by all Physical Therapy staff. Only one inservice was presented by Physical Therapy staff which was done in collaboration with the Physical Therapist at Crafts-Farrow State Hospital in March, 1985. Efforts are now in process to meet the needs of Nursing Service in the area of rehabilitation with inservices planned for the Fall of 1985.

The majority of the goals set last year for fiscal year 1984-85 were not realized. The hoped-for interns from the Medical University Physical Therapy Program and from the Greenville Technical College Physical Therapy Assistant Program were not available because of a new regulation requiring participating Departments to have at least two Physical Therapists on staff. This Department was also unable to provide the

rehabilitation classes for Nursing Service; however, it was provided by CFSH Nursing Education. The goal to increase professional staff was also not realized and increasing the patient load to 21 patients per day proved to be unrealistic with present staff, one Physical Therapist and one Aide.

Fiscal Year 1985-86 will bring an increased patient load for the Physical Therapy Department in the McLendon Building; however, this department will be better equipped to meet this demand with the successful recruitment of a Physical Therapist Assistant. The Physical Therapy Department also expects to meet the goal of providing more inservice classes on restorative nursing care during the next fiscal year.

Social Service Department

In recognizing the importance of family support to patients in a nursing home facility, and the many needs of families with relatives in a facility, the Social Service Department has placed emphasis on reaching out to families. When a new patient is admitted, family contact is made immediately, if possible. Questions are answered, information is given, support is offered and a relationship is established. Subsequent contact is made as frequently as needed to keep the family informed of any changes or to assist them as necessary. To those who visit regularly, the staff is available to discuss their concerns, to arrange appointments with medical staff, to assist in obtaining finances, or to offer support during stressful times. To those who are not able to visit often, contact is maintained through phone calls and letters at least quarterly. The aim of the Social Service Department is to know each family and to meet them, if possible, outside of the normal working hours. Response from families has been positive. 455 patients and their families have been served during the year by the Director and 3 social workers, who have had an average of 2 contacts per month with each patient's family. Each social worker has an average caseload of 81 patients.

To better understand the confused patient, each social worker received training in Validation/Fantasy Therapy — The Feil Method, this year. Services to patients include individual counselings, arranging contact with family members, obtaining financial assistance, purchasing personal items, arranging passes, assisting in planning for discharge. This year 21 patients were discharged either to their home, a boarding home, nursing home or back to Crafts-Farrow.

As D-GNCC opened four additional wards during the year, much effort was made to provide consistent quality services. The Social Service Department will strive to maintain this same level of service in the Farmer and McLendon buildings while developing and providing social services for the ICF/MR Program. An additional social worker was hired in June, 1985, to begin working with the mentally retarded residents and

it is anticipated that an additional social worker will be hired as the program expands.

Speech and Hearing Department

Planning for the Speech and Hearing Service began August 8, 1984 with the writing of the Speech and Hearing Policy and Procedures manual and the ordering of equipment. Also at that time, an agreement was established between D-GNCC and CFSH regarding the sharing of equipment in the Audiology suite by the Speech and Hearing Therapists. Evaluation and treatment of patients in the Farmer Building began August 28, 1984 on the wards and/or at the CFSH Audiology Clinic.

Services were expanded in October to include the McLendon Building. Patients in this building, as well as the Farmer Building, were assessed for speech and language disorders; if necessary, further evaluation and treatment was rendered. Audiometric screening was not possible at this time due to a delay in the arrival of the audiometer.

In February, the Speech and Hearing Service acquired separate office space and was therefore able to provide therapy in a designated setting off the ward. Recently, two pieces of equipment were acquired, an audiometer and the Pocket-Talker which have proven beneficial in the identification and treatment of hearing impaired patients.

During the past year, requirements for the Certificate of Clinical Competence and Licensure have been completed and the Therapist is presently awaiting official notification by the American Speech/Language Hearing Association and the S. C. Board of Examiners for Speech Pathology and Audiology.

Currently, plans are being made to develop therapy programs for the ICF/MR program. The Policy and Procedure Manual has been revised to include the needs of the residents of Building 16. Also, the need for additional equipment and testing material is being assessed along with the revision of various forms.

Goals for the next year include: 1) Increased patient load; 2) Workshops for Nursing Service regarding various communicative disorders and treatments; 3) Identification and increased awareness by staff of hearing impaired patients/residents.

Volunteer Services

The Volunteer Services Department at Dowdy-Gardner Nursing Care Center began operation on August 17, 1984. From August 17, 1984 until June 30, 1985 individual volunteers gave a total of 626 volunteer hours and group volunteers gave a total of 828.5 volunteer hours. This is a combined total of 1,454.5 hours valued at \$9,454.25. At the present time, 19 individual volunteers and 8 groups come on a regular basis; other

individuals and groups come on an irregular basis to provide music programs, seasonal parties, etc. The Center has received 133 donations. Some of the items donated were: Clothing, toilet articles, candy, cigarettes, cupcakes, Cokes, silver trays, punch bowls, lap robes, Christmas gifts, wall paintings and furnishings for one People Reaching Out room i.e. T.V., bed, chest, linens, etc., and \$305.00 in money. The material items are estimated at a value of \$11,427.08.

Special items of interest are the awards the D-GNCC SPCA (Pet Therapy) volunteers won this year. They were the winners of the Mary Mungo Award and runner-up to the Voluntary Action Center's Outstanding Volunteer of the Midlands Award.

The Volunteer Services Coordinator has been busy these past 10½ months setting up an office of Volunteer Services, recruiting and training volunteers, and soliciting donations as well as being involved in the development of two unique programs at D-GNCC. They are the People Reaching Out (PRO) program and a pilot project, which has been very successful, using Community Care Home Residents as Volunteers. The Volunteer Services Coordinator also serves as reporter for "Images".

MEDICAL SERVICES

Medical Services at D-GNCC has been continuous through 1984-85 Fiscal Year under the same direction and planning that was established with the opening of the facility in March, 1984. Medical care was provided for the patients at the Farmer Building by the Medical Director and the two physicians who transferred from CFSH prior to July, 1984.

Arrangements continued with Byrnes Medical Center for reciprocal transfer of patients when the need occurred. Emergency, nighttime, weekend, and holiday medical coverage continued with a medical OD-ON coverage through a mutual agreement with CFSH. Assurance of appropriate and timely medical care was further enhanced through our Quality Assurance Committee and our monthly *Utilization Review Committee* which has arranged through our Facility Administration for physicians outside our facility to review our Admissions, and medical management on a timely basis as required by certifying agencies.

With the opening of Ward 400, McLendon Building, on October 3, 1984, medical coverage was provided by assigning a physician from Farmer Building as ward physician. The Medical Director picked up a unit in the Farmer Building as his own medical unit in addition to his administrative and committee duties, as well as providing liaison coverage between the Farmer Building and McLendon Building.

On October 11, 1984, when Ward 300 was occupied with patients, arrangements were completed for the transfer of another physician to

come into D-GNCC Medical Service. This move completed our medical staff as it stands at present time.

When the final ward in McLendon Building (Ward 200) was occupied on February 6, 1985, this ward was assigned to the newest acquired physician.

All medical coverage has been maintained in a high sense of performance and cooperation, and given with a patient oriented attitude by all concerned physicians. Psychiatric consultation service has been provided through a contractual administrative agreement with a board eligible psychiatrist.

The needs for dental and medical consultation and treatment other than that which can be given on the ward, and not involving the need for acute hospital "in-patient" care are met through arrangements with the Byrnes Medical Center Directory whereby our patients are seen to outpatient clinics at either the Byrnes Medical Center or their extended clinics at the McLendon Building. Medical needs are well met, and the general level of care of our patients has been satisfactory.

Since February, 1985, our medical staff has been active, in the program planning and ICF/MR planning committees in anticipation of the opening of our ICF/MR units. Other activities of the medical staff have been participation in the planning of Infection Control, Pharmacy Policies and Procedures, Disaster Preparedness Plan, Medical Emergency Codes and Planning, Fire Safety, and other life threatening Codes and Plans of Action. A member of the medical staff also chairs the Admissions, Evaluations, and Certification committee which meets each week, and considers, evaluates, and clarifies each proposed admission, readmission, transfer between units and any changes in level of care.

For the coming year, it is anticipated that one additional physician position will be filled as we begin operation of the ICF/MR Program in order to maintain an acceptable physician patient-resident ratio. In reflecting on the medical department of D-GNCC over the past year, it is evident that our patients have been given excellent medical-nursing coverage, and have received personal care and attention that is superior to that which is standard or usual for public long term care facilities.

The goal of the Medical Director and the medical staff for the coming year is to maintain the current level and standard of patient care, and strive ever to improve it.

NURSING SERVICE

Nursing Service has continued to focus on improving the quality of patient care and maintaining a positive and therapeutic environment for patients and staff.

Much time and effort has been spent in recruiting and employing staff, especially licensed nurses, to maintain the minimum staffing requirements.

We have worked closely with Nursing Service at Crafts-Farrow State Hospital in the reassignment of patients and personnel in the opening of Wards in McLendon Building.

In addition to completion of opening of the Farmer Building as scheduled on July 18, 1984, with 43 patients, McLendon Building was reopened for occupancy in October 1984; the fourth floor opened on October 3, 1984; the third floor opened on October 11, 1984, and the second floor opened on February 6, 1985, with 42 patients reassigned to each ward. Minimum required staff was assigned as each floor was occupied.

Considering the mass movement of patients from Crafts-Farrow State Hospital and S. C. State Hospital to D-GNCC, the adjustment for patients and staff to a different environment required excellent cooperation and dedicated staff to accomplish this difficult task with minimum problems.

With Farmer and McLendon Buildings fully occupied and certified by DHEC, we will endeavor to maintain DHEC certification in these buildings as we participate in the planning and opening of the ICF/MR Program. Nursing will be working very closely with other disciplines to develop policies and procedures and programs. Much time will be spent to become more familiar with the guidelines and DHEC requirements for certification.

The Nursing Staff has been recruited and employed for the opening of the first ICF/MR unit. Time will be spent to develop staff skills to meet the needs of these residents.

As we continue to recruit qualified staff, every effort will be made to maintain sufficient staff to assure the delivery of the best possible Nursing care for the patients and residents admitted to Dowdy-Gardner Nursing Care Center.

Nursing Education

Nursing Education at Crafts-Farrow State Hospital continued to provide Orientation for new employees in all departments of Dowdy-Gardner, on-the-job training for MHS's, ongoing educational program for all levels of nursing personnel, consultation and assistance with resources for other departments.

Orientation for 4 RN's, 3 LPN's and 36 MHS's from nursing at Crafts-Farrow State Hospital focused on adjustment to transfer to a new environment and changes in policies and procedures. This review also included infection control, fire/safety, oral hygiene, patient rights and several procedures in restorative nursing.

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Orientation for 42 newly employed licensed nursing personnel was also conducted in review of policies and procedures. Orientation was completed on the wards by selected nurse preceptors.

Pre-Service Training was conducted for 36 newly employed MHS's and 28 MRS's.

Orientation for New Employees Program was conducted monthly. Twenty-two (22) employees from all departments attended.

On-the-job training was provided for 13 MHS I's in Unit I, Fundamentals of Nursing and 18 MHS I's in Unit II, Psychiatric Nursing Concepts, of the "Basic Course for MHS's."

The workshop "Employee Performance Management System for Supervisors" conducted by Crafts-Farrow State Hospital was attended by 24 employees. Nine (9) licensed nursing personnel completed the "Venipuncture Course." Nine (9) licensed nursing personnel completed an offering on "Insertion of a Gastric Tube."

Workshops on use of "Attends" (disposable briefs) were conducted for 168 nursing employees.

"First Aid for Choking" was provided for all newly employed MHS's and workshops were offered for an additional eleven (11) employees.

New IVAC thermometers were purchased and a review of the procedure for use of this equipment was conducted for 76 nursing employees.

The "Continuing Education Program for Nurses" monthly offerings at Crafts-Farrow State Hospital were attended by 34 nurses.

The "Infection Control Annual Review" for all levels of nursing personnel and other disciplines were attended by 172 employees.

The "Annual Fire/Safety Review" was attended by 92 employees.

The "Annual Dental Review" was attended by 116 employees.

The annual reviews of "Patient Rights" and "Restorative Nursing" are scheduled for September, 1985 and October, 1985 to coincide with last transfer of nursing staff from Crafts-Farrow State Hospital to wards opened at Dowdy-Gardner Nursing Care Center.

QUALITY ASSURANCE

Under the supervision of the Director, the Quality Assurance Coordinator assessed patient care, evaluated and revised policies and procedures to promote a high morale working environment for staff to provide high quality patient care at D-GNCC.

The major accomplishments during the year are as follows: 1) With input from the Patient Rights Specialist and Director of Social Services, revised the procedure to assure each patient and his/her family that the patient is informed of his/her rights on admission to D-GNCC. 2) With input from the Utilization Review Committee completed two Medical

Care Evaluation Studies evaluating the effects of mass transient moves on patients from one institution to another, and started a Medical Care Evaluation Study on the Causes of Death in the Farmer Building. 3) Requested each Department Head to give an annual report at a scheduled Quality Assurance Committee meeting stating the progress of the department, status of the goals set last year, and the goals for the coming year. 4) Developed a Decubitus Record Form to monitor monthly the number and stage of decubitus ulcers at D-GNCC. 5) Conducted preadmission surveys on all patients admitted to D-GNCC. 6) Acts as Infection Control nurse and monitors all in-house infections and reports all nosocomial infections to the Executive and Infection Control committee. 7) Audits all multidisciplinary assessments and patient care plans as required by DHEC and federal regulations.

During the coming year Quality Assurance will continue to work at helping D-GNCC meet all licensure and certification requirements and to provide the highest in quality patient care.

JAMES F. BYRNES MEDICAL CENTER

DIRECTOR'S REPORT

June 30, 1985, saw BMC complete its first full fiscal year as a separate, free-standing facility of the SCDMH. The mission of BMC, as established by SCDMH Directive 621-83 is to provide evaluation and treatment of individuals developing acute physical illness while under the care of one of the various facilities of the SCDMH, the SCDC, and tuberculosis patients referred by S. C. Department of Health & Environmental Control.

Prior to October 1983, medical-surgical services were provided on an inpatient and out-patient basis by McLendon Clinical Center and Byrnes Clinical Center. MCC has since been converted to a dually certified licensed nursing facility and BMC has assumed responsibility for the care and treatment of all acute medical/surgical cases in the SCDMH. Planning for this change was primarily speculative regarding utilization of services and costs associated with operating one med/surg facility as opposed to two. With the close of the first full fiscal year it appears from the FY 84-85 financial statement that additional funding will be required in order to avoid a deficit in operating expenditures in FY 85-86. Statistical data indicate extensive utilization of medical, surgical, out-patient, emergency room, lab, pharmacy, radiology, EEC/EKG, social work, medical records, dietary, housekeeping and dental services. All of these services have realized varying percentages of increases in workload with minimal to zero increase in staffing.

In reference to goals cited in the 84-85 annual report, the levels of attainment are as follows:

- 1) Employment of 30 licensed nursing personnel; ten new licensed nursing positions were allocated to BMC in 84-85, however, due to turnover and poor response to recruiting efforts, nursing realized a net loss of four staff members.
- 2) Employment of other support and clinical services personnel; nineteen other new positions were allocated to BMC during FY 84-85 for use in support and clinical areas. These new positions have proven to be very helpful in distributing the increased workload over more staff members. However, a need has been established for twenty-three additional positions. Byrnes has the FTE authorization and funding to fill these slots but, FTE's are not available for the actual establishment of these positions.
- 3) Replacement of antiquated/worn-out equipment and the purchase of sophisticated medical/surgical equipment; Byrnes has been fortunate to obtain a significant amount of replacement equipment as well as several pieces of sophisticated medical equipment. However, there still remains an immediate need for an Image Intensifier for the Operating Room and a Chest Unit for Radiology. Also, justification has been established for intensive care units on the medical and surgical floors. A large block of funds, approximately \$450,000, must be appropriated to cover these purchases.
- 4) Enhance communication among DMH facilities to reduce the number of inappropriate admissions to BMC and to remove current barriers which prevent placement of patients whose necessity for acute care has been discontinued. Significant progress has been made in both of these very critical areas. Doctor — doctor communication has improved and with the establishment of the DMH Planned Patient Movement Committee, the placement of patients in appropriate facilities has also improved. However, further progress must be achieved for the benefit of the patient.

Goals for FY 85-86:

- 1) Retention of JCAH Accreditation Status — Survey dates August 21, 22, 1985.
- 2) Continue to aggressively seek placement of patients whose acute care has been discontinued and require treatment in a skilled or intermediate care nursing facility.
- 3) Assuming #2 can be accomplished, reduce bed census at Byrnes as follows:

Ward 228 Surgery	47 to 34
Ward 328 Medical	49 to 34
Ward 428 Medical	49 to 34
Ward 528 Corrections	34 to 34

This would improve staff/patient ratios and improve patient care. Present ward census' with current staffing complement is often unmanageable and unsafe.

- 4) Improve staffing in Nursing Service, Laboratory, Physical Therapy, Administrative Staff and Housekeeping.
- 5) Installation and implementation of computerized Pharmacy system.
- 6) Seek deficiency appropriation to cover projected deficit of \$785,430.
- 7) Seek funding for the purchase of an Image Intensifier and Chest Unit.
- 8) Relocation of SCDC Outpatient Clinic.

BMC will continue to strive to give adequate patient care at the present level of funding and staffing. However, the record indicates that the goals cited for 85-86 must be attained in order for Byrnes to deliver an appropriate level of care.

ANESTHESIA SERVICE:

The Certified Nurse Anesthetists who provide anesthesia in James F. Byrnes Medical Center are under the direction of the surgeons.

Sterile disposable items are utilized to help prevent and control nosocomial infections in the hospital. Disposable laryngoscope blades were recently obtained and in the near future will start using disposable masks on breathing circuits.

Preventive maintenance has been done on the anesthesia machines and vaporizers have been exchanged. EKG monitors have been recalibrated and anesthetic waste gases checked.

622 anesthetics were given, 327 general, 125 spinals, 51 spinals and general, 78 locals, 41 sedations.

Nurse Anesthetist attended workshops and seminars for continuing education which is mandatory to maintain certification. Based on current knowledge, concepts and scientific principles received, we are able to formulate an effective anesthesia care plan.

Most of the mini-audit Quality Assurance Reports are fairly good except documentation. We are working on this.

Goals for FY 85-86:

1. Develop and conduct drill for malignant hyperthermia in the Operating Room patient.

2. Set up cart for malignant hyperthermia and protocol.
3. Obtain Hi-Lo temperature monitor.
4. Spend more time monitoring anesthesia care.
5. Obtain new Spirometer.

DENTAL CLINIC: — BMC

The function of the Dental Service of the Byrnes Medical Center (BMC) continues to follow the guidelines set forth in the Policies and Procedure Manual of BMC, dated July, 1984.

A total of 4,245 patients were seen by the Dental Service in fiscal year 84-85. This number would have been greater had it not been for:

1. 618 cancellations by the wards — the preponderance of reasons given for cancellations being "lack of staff and no transportation."
2. 448 no shows for various reasons,
3. 322 refusals, and
4. 56 sent back for incomplete and/or no form M-280.

An effort is being made by the South Carolina State Hospital (SCSH) to remedy the "no show" problem, but to date efforts seem to be met with questionable cooperation. The problem of improper M-280's is being approached through the office of the acting Superintendent of SCSH.

Acquisition, in FY 84-85, of new equipment including two dental units and chairs to replace obsolete equipment in use — has greatly enhanced the safety and comfort of the patient during dental procedures. This enabled the delivery of a far more complete and comprehensive care as reflected by the placement of 247% more restorations, the comparison of 380 in fiscal year 83-84 as opposed to 940 in fiscal year 84-85; 89% fewer extractions — 1058 in fiscal year 83-84 compared to 943 in fiscal year 84-85 — which indicates more time spent in patient care, and the importance placed on restorative procedures.

Although attempts are usually made to follow-up on absenteeism, it is in my considered opinion that the problem could be greatly improved by an assertive effort of the Dental Clinic to follow-up on the "no shows." However, time to adequately pursue this is not available with the clinic's present staffing. Clerical personnel, if only part time, would be an enormous aid in controlling this problem.

The entire staff made 18 ward visits to perform annual dental examinations for in house patients of the C. M. Tucker Human Resources Center to render dental services with a minimum of discomfort to the patient and to alleviate problems in the use of the Department of Transportation. These trips were also a welcomed break in staff routine and it seemed to build a pleasant rapport between the dental staff, the patients and the center's staff. This practice will continue in the future.

Inservice oral hygiene instruction was conducted by the clinic's hygienist semi-annually for the BMC staff and patients, and for other facilities serviced by the Dental Clinic, upon request. Four sessions were conducted in FY 84-85.

The clinic's goals for FY 85-86 are to maintain the good center staff/patient/dental staff relationship now enjoyed as well as continuing the present concept of dental professionalism that exists in the Dental Service. This will insure future full patient care that will be a credit to, and in keeping with, the public's expectations of the SCDMH.

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DENTAL CLINIC: — MCC

The mission of the McLendon Dental Clinic is to provide a complete dental service to all the patients of Crafts-Farrow State Hospital and Dowdy-Gardner Nursing Center. Emergency service is provided for Morris Village and Bryan Psychiatric Hospital.

Personnel remains the same with two full-time dentists, 1 dental hygienist and 1 dental assistant. The clinic will have a large increase in the number of dental students rotating through the service this summer and fall, with a new student almost every two weeks. This adds more work to the entire staff but proves to be very rewarding to all. A very old and unworkable dental chair was replaced with a new chair which has improved the efficiency and quality of care.

Annual examinations for the Dowdy-Gardner patients are all made on the wards and this entails more work, but all the staff cooperate and this has been an easy transition.

The number of patients treated has declined somewhat, but it is anticipated that this will increase when all of the reorganization is complete for Crafts-Farrow, Dowdy-Gardner and the new M.R. program. Prompt care to all questionable teeth has further reduced the number of patients seen by preventing problems whenever possible. A better schedule of annual exams has also further reduced this number of patients seen and treated.

Our goals for better care for all patients under the care of this clinic has been fulfilled to some degree. It will at all times remain the goal of this clinic to increase the quality and quantity of care to all patients that we serve.

All audits conducted on sterilization have been negative for contamination. The audit for frequency of dental abscess does show a decrease in

number and this we attribute to better prevention. The audit and care of Bryan Psychiatric Hospital patients continue to show a need for a more comprehensive program.

Some objectives for the coming year will be in the area of better efficiency by acquiring a new or better typewriter. Should repair not produce a satisfactory level of performance of the Cavitron, a new machine should be considered when funds are available. The personnel of this clinic will strive as always for the overall better care of all patients.

EKG/EEG:

Annual statistics show an increase of 422 EKG's this year versus the previous reporting year. There was a decrease of 54 EEG's from the previous year. The decrease of EEG's is perhaps because more physicians are ordering sleep tracings versus awake tracings.

Code Blue — We recorded rhythm strips for 6 of these procedures.

Holter Monitor — We are responsible for connecting, checking and disconnecting holter monitors. We had 10 of these procedures this year.

The Quality Assurance Committee performed an audit in October, 1984, regarding timeliness in performing EKG's. The requirements of 80% or above was met and will not be reaudited until the latter part of the year. Our QA Program helped in efficiency of guaranteeing reports were returned to physicians on a timely basis and reporting STAT or lethal type reports.

Goals and objectives for 1984-85 were met:

- A. Provide diagnostic tests such as echocardiograms and holter monitors through a company that could offer a mobile service versus transporting patients to another hospital.
- B. Maintenance of reports and records for patients having Holter's and Echos.
- C. Delete old records such as EKG's and EEG's that no longer had to be retained.

Goals for 1985-86:

1. Continue developing policies and procedures.
2. For BMC to offer echocardiograms in-house versus a company offering this service. We could either purchase echo or holter monitor equipment and perform these tests ourselves.
3. Offer more in-service for those interested in interpreting EKG's.

INFECTION CONTROL:

Many positive advancements have been made this fiscal year. This has largely been made possible by the introduction of an automated bac-

teriology instrument. This instrument, the Vitek, has made possible the availability of a bacteriology report for the Byrnes Medical Center Infection Control Nurse. This enables rapid access to patient reports and provides an ideal method of data retrieval. Plans are also in the future for the Vitek to perform epidemiology such as antibiotic susceptibility trend studies.

Employee health, as part of Infection Control, provided educational training to all employees in high risk areas, concerning Hepatitis B and the Hepatitis B vaccine. Employees were encouraged to participate in the Hepatitis B vaccine program in which the vaccine is provided free of charge. The overall response was very good — especially in the operating room, laboratory and dental clinic area.

Employees who have direct patient contact received a yearly PPD skin test. This period there were no conversions to positive. The contact continues in effect with DHEC to have Byrnes Medical Center provide long term care for difficult tuberculosis cases. Physical Plant Services has made appropriate modifications in the hospital HVAC system to ensure a safe environment for patients, staff and visitors.

All Byrnes Medical Center employees have noticed the decrease in bugs since our revised method of pest control. An outside service is now providing this service and a great improvement was rapidly noticed. All of the Isolation procedures were revised according to the new Center for Disease Control standards. Byrnes is still utilizing the category method. We recently experienced the first admission to Byrnes of a patient diagnosed as having AIDS. The nursing staff handled this case exceptionally well using appropriate precautions. The patient's stay, which lasted several weeks, served as a valuable learning experience for possible future cases of AIDS patients.

In order to provide a safer method of needle disposal, a new container was evaluated and then purchased. The destru-clip method will no longer be used. Central Supply stocks the needle containers. Also a newer version enables the vacutainer to be unscrewed from the needle safely. These containers have provided an easier and safer method of disposing needles and other sharps such as razors and suture removal scissors.

Quality Assurance Activities:

1. With the use of the Vitek, more concise data is now readily available for daily monitoring of infections. This data greatly enhances the amount of information compiled each month. Although the Anti-biogram was performed manually this year, hopefully next year the Vitek will be able to perform this audit.
2. All Infection Control Policies and Procedures were revised upon separation of Byrnes Medical Center from South Carolina State Hospital.

3. Data supplied by the pharmacy now enables a daily review of antibiotic usage. This assists in the determination of patients who have infectious processes.
4. Frequent rounds and day to day contact still remains a vital method for gathering pertinent information concerning both patient and employee infection control related problems.
5. Antibiotic Review Committee has been successful this fiscal year in several areas of controlling inappropriate antibiotic usage. Antibiotic audits included:

July, 1984 Antibiotic Usage Review

October, 1984 Re-Audit Treatment of Pneumonia

December, 1984 Antibiotic Trend Study for Susceptability

January, 1985 Re-Audit Treatment of Pneumonia

March, 1985 Use of Mefoxin

April, 1985 Timing of Sputum Specimens Collection

July, 1985 Treatment of Methicillin Resistant Staph Aureus
FY 1985-86:

July 1985 Treatment of Pseudomonas Infections

Goals for FY 1985-86:

1. To perform at least four antibiotic audit reviews relating to areas of potential problems as identified by the Antibiotic Review Committee on the Infection Control Committee.
2. To obtain data from daily bacteriology reports and analyze to identify hospital attack rate and prevalence of various bacteria.
3. To give all employees who have direct patient contact a yearly PPD skin test.
4. To organize and provide a program to administer flu vaccine to all SCDMH employees.
5. To provide all new employees with information concerning the Hepatitis B vaccine.

LABORATORY:

The Byrnes/SCDMH Clinical Laboratory performs laboratory services for all SCDMH facilities located in the Columbia area including the auxiliary branches such as the Columbia Area Mental Health Center. In an attempt to better organize the laboratory, our Microbiology Department has moved to a larger room as this section has continued to grow in work volume. Statistically, it has grown from approximately 11,000 CAP Units/Mo. (1.5 FTE's) to approximately 24,000 CAP Units/Mo. (3.5 FTE's). We have requested one additional person for this department. Renovations are under way for our Special Chemistry Department. It is to

be moved to a larger area for the same reasons as our Microbiology Department. Statistically, it has grown from approximately 1,659 CAP Units/Mo. (0.2 FTE) to approximately 25,794 CAP Units/Mo. (3.7 FTE's). Both departments have had unprecedented growth. The Laboratory continues to utilize automation to increase its productivity while cutting down its labor cost. To this end we have obtained various new pieces of automated equipment. Our Microbiology Department has obtained an automated ID and MIC Sensitivity instrument which we feel will increase turn-around-time. We hope with its Epidemiology Program it will save hundreds of hours of statistics collection for the Infection Control Officer located at the 8 facilities we service. During laboratory consolidation, we were able to initiate a deal with the vendor of our Hematology ELT-8 Analyzer.

One of the ELT-8's (the older) was traded back to the vendor for approximately \$40,000 worth of up-dates and service contracts. One of the up-dates was the WBC Screen. This has allowed us to give an automated differential. It has permitted us to cut our differentials by $\frac{1}{2}$ and kept us from asking for an increase in labor for that department. Along these same lines, we were able to up-date our Urinalysis Department with an instrument which has automated the bio-chemical analysis of that procedure. At the present time, we have one clerical person for the laboratory. We have requested one additional person to help with the increase in clerical duties that comes with the servicing of so many facilities.

Our overall goal has been to automate each department as feasible and to eventually computerize each department. The majority of our goals have been realized with the last purchase, the Urine Bio-chemical Screening instrument. We look forward to completing our goals with the establishment of a computer system sometime in the future.

The Laboratory prides itself in its Quality Assurance efforts. Each department in the laboratory has a structured Quality Control program in place covering personnel, equipment and environment. The BMC laboratory is CAP and AABB Accredited. By these standards alone, we are head and shoulders above other state facilities. During this fiscal year we have updated and distributed our laboratory handbook. We have also initiated a rotational cross training program for our staff and continually offer in-service both in and out of house. An open house was held April 18 to celebrate National Laboratory Week. This was a huge success with over 125 staff members attending. Our Q.A. Committee has initiated approximately 6 Q.A. studies over the past fiscal year. These studies have ranged from informational probes to complaint responses. In all instances, the results have proved to be successful in helping to achieve the desired result.

Our goals for the next fiscal year are to computerize the laboratory; to continue to bring test done in volume, with high expense, in-house; and to obtain the 3 additional staff in order to maintain quality work. We have had much change in the past year and we hope to stabilize and solidify the many changes that have occurred.

NURSING SERVICE:

There has been little relief in regard to the number of personnel to provide nursing care for the increased patient load in Byrnes Medical Center during this fiscal year. We have used the local nursing pool personnel and call back personnel extensively to provide coverage on the wards. At the beginning of the fiscal year July 1, 1984, we had a total of 136 employees. At the end of the fiscal year June 30, 1985, we had a total of 132 employees.

There is an ongoing effort to recruit prospective employees. The most common remarks for non-acceptance are: not enough difference in the pay scale and benefits to warrant them changing jobs, no ICU or inhalation therapy department, wants days — cannot rotate shifts — some have expressed concern that once employed there would be little or no chance for advancement. Some of the reasons for leaving have been too much work, not enough qualified help to give patient care.

On June 30, 1985, we employed three Phlebotomists whose primary responsibilities are: Collecting blood specimens, escorting patients and auditing charts. The first two duties have provided relief for the ward personnel. Auditing charts has been less effective than anticipated due to limited time and interruptions.

1984-85 Goals Were:

1. To provide continuous, systematic quality care to all residents and outpatients diagnosed, treated or housed in Byrnes Medical Center.
2. To provide a therapeutic, safe and hygienic environment that would promote a maximum state of well being for each patient.
3. To provide and support an environment that is safe and allows for creativity, intellectual, educational and technical growth for each employee.

To achieve our goals we continue to review, revise and add new procedures to keep abreast of current trends in nursing. We orient nursing staff to changes by participating in continuing education within the SCDMH and outside.

Quality Assurance Activities:

Effective incident/accident reporting and counseling.

Improvement in patient care and clinic records through audits, case reviews, in-service training and in-service education.

Participation in facility orientation for all new employees.

Goals for FY 1985-86:

To provide qualified instruction for personnel to obtain an understanding and acceptance of the responsibilities in administering nursing care to the acutely ill patients.

That all patients will receive quality care, individualized according to their needs.

There will be sufficient qualified employees to provide patient care.

There will be adequate equipment that is in good operative condition and readily accessible.

Employees and patients will benefit from newer teaching methods and learning skills.

NUTRITION SERVICE:

During the past year, the Food Production Branch was consolidated into a departmental service and meals for all DMH facilities are prepared in a central kitchen. The food serving staff at Byrnes remains under the supervision of S. C. State Hospital and the Nutritionist under the Medical Director, Byrnes Medical Center.

The following activities were carried out this year and are an integral part of the quality assurance program for food and nutrition services. Three of the following were goals as stated in last year's annual report.

New employee orientation was initiated. BMC physicians employed during the past year received orientation on use of the diet manual and nutrition services available. This was the target area of importance as physicians order diets. Orientation of other staff, however, was not accomplished as the Employee Orientation Program is just beginning to get underway. Orientation of all new employees will be a goal for FY 1985-86.

A second goal from last year was to conduct a Food Acceptance Survey. This survey was conducted in August, 1984 with the results from BMC not being as favorable as desired. It was felt that the poor outcome was largely due to the fact that ill patients are more difficult to please. Since the survey is completed departmentally and overall results were good, recommendations from the Nutrition Advisory Committee, DMH, and changes were based on the combined results. There were five goals resulting from the survey and all have been accomplished with the exception of installing

a new bread bagging machine to improve bread freshness. This equipment has been purchased and is soon to be installed.

Conducting a mini-audit of nutrition services was the final goal of last year's report. This audit was in May, 1985 on tuberculosis patients and their diets. In general, the outcome was good, but there will be a reaudit as the nutritionist needs to take a more active role in regard to these diets and to check pyridoxine supplementation.

A nutrient analysis of the regular diet was done in February, 1985 and was submitted to the Quality Assurance Coordinator. The survey found that the menu met the National Research Council's Recommended Daily Allowances with the possible exception of Vitamin D, but it was felt that living in the sunbelt, our patients receive the additional Vitamin D from sunshine. A bonus was discovering that the percent of calories derived from fat had dropped from 40.9% to 36.56%. This is much lower than the national average of 45% and is approaching the U. S. Dietary Goal of 35%.

A high calorie liquid food supplement has been purchased for use with patients who require nutrient dense food and for certain reasons are unable to get adequate calories through normal diet. The product has been well received and its use will probably be audited in FY 85-86.

Food Plate Waste studies were conducted throughout the year to determine food temperatures, food acceptance and accuracy in serving diets. Patient acceptance of food and temperatures was adequate. Accuracy in serving diets found a 0 — 13% error rate. Copies of these reports are forwarded to Consolidated Food Service and the nutritionist at BMC has offered to provide inservice education to the dining room workers. Milk with 2% fat is now given to all patients to help reduce errors in this area, as well as a result of the Food Acceptance Survey for better patient tolerance. Accuracy will be monitored more closely this year with the goal of having no more than 5% errors.

The nutritionist wrote an average of 158 progress notes per month and attended continuing education programs in Fire and Safety, Infection Control, and Nutrition and Exercise. Continuing education to keep abreast of the changing information available in the field of nutrition is a goal for FY 85-86.

Goals for FY 85-86:

1. New Employee orientation for all clinical service employees.
2. Installation of bread bagger.
3. Reaudit of tuberculosis patients.
4. Audit on the use of Ensure Plus.
5. Monitor accuracy of special diet trays.
6. Continuing education.

PHARMACY SERVICE:

Positive changes were made to insure an optimum level of patient care within the Pharmacy Services. During the past fiscal year the Organizational changes involved the addition of one Pharmacist and one Supply Specialist. Equipment additions included a unit-dose modular system, a prepack machine and a fully equipped I.V. room. Overall, the workload increased, especially in the areas of outpatient prescriptions by 25%, Byrnes transactions by 47%, SCSH transactions by 93%, which was mainly due to the establishment of a unit-dose system at Blanding and Williams.

Q.A. Activities and Achievements:

1. An investigation into procurement of a computer system with software was conducted and recommendations were forwarded.
2. The I.V. Admixture program was implemented. New equipment was purchased and installed. Personnel were properly trained for this new operation.
3. Improved unit-dose distribution to the wards at Byrnes was achieved through twice weekly filling of medication carts instead of once per week. A proposal for the implementation of a unit-dose system at Hall Institute was submitted.
4. There was a significant increase in all transactions at all the facilities.
5. A better accountability of controlled substances was obtained with the establishment of a perpetual inventory.
6. The participation of Pharmacists in the Antibiotic Committee resulted in a more appropriate usage of antibiotics.
7. Pharmacy Continuing Education focused on 12 monthly seminars open to hospital staff.
8. Peer reviews and internal audits were conducted and irregularities noted were corrected.
9. During the year, the Pharmacists participated on physicians' rounds twice weekly.
10. A record of pharmacy medication errors showed an improvement throughout the year.

Pharmacy Program Evaluation Analysis:

The Pharmacy Department continued to provide higher levels of services in 84-85 as evidenced by:

- the large increase in transactions at all facilities
- the introduction of the I.V. Admixture Program
- the expansion of the Unit-Dose System
- the increased scope of clinical services.

The Quality Assurance program monthly meetings allowed the identification of deficiencies, provided close regular review and prompt corrections of identified problems.

Goals for FY 85-86:

Install a computer system, particularly to improve inventory control, expand the maintenance of patient profiles to outpatients, improve the refill procedures and assist in providing clinical services.

Expand the Unit-Dose System to include daily medication cart fillings.

Conduct a thorough evaluation of the Hospital Formulary.

Improve the Continuing Education and Training Programs for Pharmacy personnel and other hospital staff.

Implement a patient education program for 10% of selected Mental Health Centers.

Implement a clinical services program with the inclusion of Audit and Drug Utilization reviews.

Reduce our medication errors by 30%.

Assist as necessary in the establishment of a separate pharmacy facility at S.C. State Hospital.

Evaluate new pharmacy technology and equipment as to its usefulness to our operation.

Analyze the workload of the pharmacy personnel utilizing the ASHP Hospital Pharmacy Management Information System guidelines.

RADIOLOGY: Byrnes Medical Center

The mission of the BMC Radiology Department is to produce quality radiographs with the minimum amount of radiation exposure to the patient. The organization of the department remains the same as the last fiscal year with six technologists, one clerk typist, and the Pitts Radiological Group.

The 70 MM Chest Unit and Tosheba Portable Machines were removed due to obsolete parts.

The Radiologists increased the Fluoro schedule to four days a week. The Radiology Department did 22,960 exposures compared to 20,197 in 83-84. Due to the increase in exposures, there is need for more storage space.

The recommendations from 83-84 were to purchase a Portable Image Intensifier for Surgery Procedures and an Automatic Chest Unit for the Radiology Department. The recommendations remain the same for the coming Fiscal Year. The Quality Assurance Program was implemented during the past Fiscal Year. The Q.A. activities included Continuing

Education, Audits, Repeat Surveys, Infection Control, Peer Reviews, Safety Practices and Review and Evaluation of Q.A. Program.

Evaluation of the Repeat Surveys resulted in acquiring Rare Earth Screens, which reduce motion by cutting the radiation exposure in half.

The findings of a Chest X-ray Audit resulted in the Radiologist making recommendations to the SCDMH Administration. These recommendations will be implemented during the coming Fiscal Year.

Goals for FY 85-86:

To continue to practice the Q.A. Program and to expand the Radiology Service by purchasing a Portable Image Intensifier and an Automatic Chest Unit for the Radiology Department.

RADIOLOGY: McLendon Clinical Center

This department operates under the direction of James F. Byrnes Medical Center, to provide Crafts-Farrow State Hospital, Dowdy-Gardner Nursing Care Center, the Earle E. Morris, Jr. Alcohol and Drug Addiction Treatment Center and G. Werber Bryan Psychiatric Hospital with complete twenty-four hour radiodiagnostic and electrocardiograph coverage. The following positions are authorized and are currently filled: One X-ray Supervisor II, two X-ray Technologist II, and one X-ray Technologist I. This department operates with one radiographic unit and one radiographic and fluroscopic unit which are in excellent condition, considering their age. The computerized electrocardiographic unit is also in excellent condition. Repairs on the equipment this year amounted to \$1,731.01.

A minimal decrease was noted in both x-rays as well as electrocardiograms.

Radiographic Exposures	10,623
Electrocardiograms	1,733

Prior Goals:

Our goals for the past year were to improve patient care by minimizing the number of repeat chest x-ray examinations. This was accomplished by reducing the exposure time.

Goals for FY 85-86:

During the coming year our objective to improve patient care is to decrease the number of repeat electrocardiograms caused by artifacts.

SOCIAL WORK SERVICE:

Social Work Service has continued to provide services on a referral basis which included supportive counseling to patients and/or families, discharge planning to include alternate care placement as appropriate and to serve as liaison worker between Byrnes Medical Center and other community care facilities. This Fiscal Year has seen the Social Work Staff grow from one Chief Social Worker to a Director, a Social Worker II, and a Social Worker I. Increase in patient movement and workload demanded the increased staff.

Social Work Service has implemented a monthly Quality Assurance staff meeting. Topics are presented regarding services provided, the quality of those services and associated problems. The Q.A. minutes reflect a brief review of inservice training directed at enhancing staff development. Under the Quality Assurance program, a mini-audit was conducted on August 28, 1984 on Social Service Progress Report/Assessment to determine proper documentation. The results met the 80% requirement.

Social Work Service has developed a Statistical Report which is submitted monthly to Joint Staff/Safety Conference Committee and the Director. This report provides an analysis of services delivered, i.e. counseling patients, counseling families, financial assistance, discharge planning, permissions obtained by telegram, families notified of patient's condition, consultation and patients monitored in community hospitals; Referrals By: physicians, staff and other professionals; Disposition of patient: discharged to nursing home, family and psychiatric facilities.

Social Work Service was involved in discharging 845 patients to nursing homes, community health care facilities, psychiatric hospitals and families.

In conclusion, Social Work Service has improved services due to an increase in staff. Social Worker II is assigned to Ward 328 and Social Worker I is assigned to Ward 428. The Director of Social Work Service is carrying Ward 228 and performing administrative duties. There is a vital need for a receptionist/secretary to assist with telephone calls, filing, typing, etc.

Now that the Social Work Service department is no longer a one-man department, the Quality Assurance Program has brought a vital awareness to the staff for the need for such a program. It has been observed that better services are being provided, especially our documentation. Staff members are able to exchange ideas and integrate their skills.

Goals for FY 85-86:

Maintain quality patient care through monitoring the delivery of Social Work Service.

Obtain a receptionist/secretary.

Obtain more office space which will afford more privacy for staff.

HOUSEKEEPING SERVICE:

Fiscal Year 84-85 was a period of transition, growth and adjustment for the Housekeeping Service of Byrnes Medical Center. Prior to January 1, 1984, the Housekeeping Service of Byrnes Medical Center existed as an organizational subdivision of the housekeeping service of S. C. State Hospital. In this role Byrnes housekeeping service provided the services required of a housekeeping department of a clinical center within a large psychiatric facility. In this role, the service was dependent upon the larger housekeeping service at S. C. State Hospital for Management, budget, supplies and logistical functions, and special projects personnel.

With the designation of Byrnes as a free-standing, acute care medical surgical facility, the mission of the Byrnes housekeeping service was dramatically altered. Deprived of the above mentioned resources after the separation of the two hospitals, the Byrnes housekeeping service has been challenged not only to find some means of replacing these lost resources, but to also upgrade the service to meet the needs of an acute, medical surgical facility. Within the constraints of inadequate budgets and limited personnel, the housekeeping service at Byrnes Medical Center has made substantial progress. In previous years, Byrnes housekeeping depended upon "heavy cleaning" teams that would pass through the building at regular intervals on a circuit through the State Hospital complex. To replace this lost service, Byrnes housekeeping increased staffing from twelve to fourteen, for a personnel increase of nearly 17%. Both of these two new employees perform relief staffing and heavy cleaning duties. Still, including housekeepers both in-patient and non-patient areas, Byrnes has (or is licensed for) some thirteen beds per housekeeper.

The loss of management expertise has proved a challenge over the last year. Management of the Housekeeping Service is directed from the administrative unit, assisted by a working supervisor. With the addition of a Storekeeper to the supply section (see Annual Report: Supply Unit 1984-85), Byrnes now has an employee with the specific responsibility of evaluation and overseeing the supply and equipment needs of the housekeeping service.

1984-85 marked the development of infection control training oriented specifically to the housekeeping department. Appreciation should be expressed to the infection control coordinator of Byrnes Medical Center for the generous contribution of her talent in this area. The year also saw the inauguration of a quality assurance program based on a checklist review system for housekeeping standards. A comprehensive formalized housekeeping manual was also drafted and introduced through inservice

training. Throughout the year, meetings were held between the administration and housekeeping staff to share information concerning the conduct of the housekeeping.

In the coming year, the housekeeping service will seek to formalize and incorporate housekeeping staff meetings into the quality assurance procedure. The establishment of "quality circles" of senior employees will be studied as a means of monitoring the condition of the building's cleanliness and sanitation. The administration will continue to study the potential needs of adding an executive housekeeper to the staff. As long-range goals, it would be the hope of this department to have the staffing to provide at least a supervised skeleton crew into the evening hours. While we have made some progress, we still have many challenges ahead of us.

SUPPLY & SERVICE:

After Byrnes became a free-standing, acute care medical surgical center, the facility remained dependent on S. C. State Hospital to meet all supply and linen needs. As the mission of Byrnes Medical Center changed so did the nature of the facility's supply needs. To meet these changing needs, the fledgling supply unit at Byrnes Medical Center was born. A position of a storekeeper was created and filled, forming a two-employee unit with the pre-existing position of a linen control clerk.

As with other divisions, the supply unit has had to contend with a shortage of personnel and inadequate storage space. Still, substantial progress has been made toward organization and better utilization of existing space. This little unit has also suffered from the lack of a dependable transport vehicle.

Future goals should include an additional employee, probably a supply clerk — as this would allow the storekeeper more time for record-keeping, and allow the unit to better utilize and supervise patient laborers. The storekeeper is already overseeing supply requisitions for the housekeeping service. He could improve and expand his controlling functions if given additional assistance.

A larger and more dependable truck will be a necessity in the very near future, along with adequate storage space.

Linen is still provided through the S. C. State Hospital laundry, in conjunction with the Department of Corrections. Fortunately, this fiscal year passed without any serious disruption of linen supply. The administration has, and will continue, to study all options that may better serve the linen needs of the facility.

In conclusion, the supply unit passed from the realm of theory to providing a practical service in 84-85. While ideally there is much progress yet to be made, a strong nucleus of a supply organization has been established.

RISK MANAGEMENT:

Effective this Fiscal Year, Byrnes Medical Center began its present system of reporting and management of incidents. A Risk Manager was designated to monitor incidents and unsafe practices and perform investigations when necessary. Also the Risk Manager is custodian of the reports. Incident reports are not a part of the patient record.

Three disaster exercises were conducted and critiqued this fiscal year. Two involved casualties and one was a tabletop discussion.

Quality Assurance Activities:

1. Daily review of incident reports by the Director of Byrnes Medical Center, the Hospital Administrator, the Director of Nursing and the Risk Manager. Risk Manager documents corrective action when indicated.
2. Medication incidents were referred to the Pharmacy for review. Findings were discussed in the Q.A. Committee meeting.
3. Monthly, all incidents were again reviewed and categorized as to specified areas and types of incidents. This analysis was reported to the Quality Assurance Committee.
4. Evaluated disaster exercises and reported findings to the Safety Committee and Quality Assurance Committee.

Goals for FY 85-86:

1. To evaluate new incident report devised by SCSH.
2. To evaluate new medical error form.
3. To continue to maintain a low frequency level of accidents resulting from falls from bed and overturned chairs by reinforcing this potential to new employees and nursing education.
4. To conduct at least two disaster exercises. Casualties will be used in at least one exercise.

REGISTRAR DIVISION:

The mission of the Registrar Division is to maintain current and accurate medical records of the James F. Byrnes Medical Center, to process accurately the information relating to patients' hospitalizations, to transcribe accurately and timely the dictation from physicians, and to collect and maintain data as it relates to utilization review. It has been very difficult to maintain the mission of the Registrar Division because of increased workload and lack of staff to carry out the mission. Additional staff was obtained in December, 1984. While additional staff has helped, being so far behind in job duties, we have not met our mission as of date. It should be noted, however, that it is felt that when work is "caught up", the staff we have presently with one additional

new position being obtained can adequately meet the mission of the Registrar Division.

Review of Goals and Objectives for Fiscal Year 84-85:

The JCAH will be conducted August 21, and 22, 1985. Much effort has gone into revising-updating policies and procedure manuals as well as processing records as quickly as possible.

Utilization Review Program:

In October, 1984 Byrnes Medical Center was notified that the facility would not be under the DRG Program. Also, in October, 1984, a new format for billing Medicare/Medicaid patients was initiated which has slowed down the processing of bills on a timely basis. The Utilization Review Program has been updated with policies being revised and the reassignment of duties. Due to a number of cases to be reviewed, the PRO Coordinator is not able to process the Medicare/Medicaid bills on a timely basis. A letter was written to the S. C. Medical Care Foundation requesting additional assistance for the coordinator but at present little has been done to alleviate this problem.

Establishment of the Processing Area:

The Processing area was operational January, 1985, with staff coming aboard December, 1984. Equipment pertinent to the operation of this area was obtained. It is felt that this goal has been met successfully.

Obtain New Addressograph Equipment and Provide Appropriate Inservices:

The new addressograph equipment arrived in the fall of 1984 and inservices were provided and equipment distributed. A few minor problems occurred as with any new equipment, but all were worked out adequately.

Obtain New Dictating — Transcribing Equipment:

The Lanier Message-Mate System was installed in the Fall of 1984. As with any new equipment, a few minor problems occurred, but all were corrected. This goal has been met.

Institute a concrete Risk Management Program in the Registrar Division: This goal was not achieved due to other demands placed on the Division.

Secure a Computerized Clinic Filing System:

A Computer Program was implemented March, 1985, which has enabled the processing area to enter clinic data into the Data Processing system rather than manually entering the information on a card file. However, due to extended illness of one employee, all data has not been entered. It is anticipated that within this forthcoming fiscal year, all data will be entered.

Obtain New Filing Equipment:

The new filing equipment was obtained and is operational. The equipment requires less floor space and provides more filing space than previous shelving. It is anticipated that filing space will be adequate when microfilming is completed and if the discharge rate remains stable.

Quality Assurance Activities — 84-85:

The following topics were addressed by the Registrar Division Quality Assurance Program: Disaster Management Plan; Blood Transfusions — Final Summaries; Inpatient Days for Tuberculosis Patients; U-B-82 Form; Final Diagnosis on Transfer Summaries; Accuracy of Entering Information onto CRT. It is felt that most results were satisfactory. Appropriate action and monitoring of action were taken as needed. The above Quality Assurance topics did provide for better medical records and operation of the Registrar Division.

Evaluation of Quality Assurance Program:

It is felt that the Quality Assurance Program is functional. When a problem exists for the Registrar Division personnel which is beyond their control, a Quality Assurance study is performed. It is reassuring to perform Quality Assurance studies and see that policies and procedures are sound and are being carried out adequately. Also, it is extremely beneficial to be able to identify problems, recommend resolutions, monitor results and see that the recommended resolutions are workable. Sometimes, problems are identified which the Registrar Division cannot address because of organizational boundaries and have personnel to accept the fact that the problem has been identified and referred to appropriate personnel for action.

It is anticipated that the Quality Assurance activities for the forthcoming year will be more related to operations in the Registrar Division which we have direct control. The Registrar Division will continue to accept recommendations for Quality Assurance activities from the Director, Deputy Director, Medical Records Committee, the Quality Assurance Committee, as well as reviewing results of other audits and record reviews.

Goals for FY 85-86:

1. Continue to prepare for JCAH Survey, August, 1985.
2. Enter all outpatient clinic/emergency room data into the CRT Program.
3. Obtain one new position to work in the Medical Record — Transcription area and one position for Processing.
4. Stay abreast of microfilm schedule.
5. Have all medical records checked, completed and filed within thirty days after disposition of patient.
6. Maintain better control of the location of records while they are in the Medical Records area prior to filing.
7. Obtain additional CRT in the Processing Area.
8. Obtain a paging system.
9. Additional telephone set in transcription and two in processing area.
10. Maintain better control over tape count.
11. Improve the quality of dictation through in-service education.
12. Have no more than seventy-five Medicare and Medicaid bills pending at one time. To meet this goal, PRO must review bills on a timely basis.
13. Institute a concrete Risk Management Program in the Registrar Division.

Statistics 84-85:

Total Number of Admissions	1,721
Total Number of Discharges	1,482
Total Number of Deaths	237
Medicare/Medicaid Discharges:	
Medicare Discharges	667
Medicaid Discharges	75

PATRICK B. HARRIS PSYCHIATRIC HOSPITAL

ADMINISTRATOR/ACTING DIRECTOR'S REPORT

The year at Patrick B. Harris Psychiatric Hospital has been a year of preparing the goals and objectives for the opening and operation of Harris Hospital. The first Harris Hospital employee joined the SCDMH in August, 1984. At this time Harris Hospital was beginning its mission to recruit, interview and hire capable Department Heads. During this year, the staff has increased to approximately sixty (60) employees.

Harris Hospital's initial staff started out in a temporary office in the

City of Anderson, six miles from the facility. As the staff grew, the temporary office was becoming inadequate. Consequently, the contractor permitted the staff to move on-site and occupy a designated area in May, 1985. The contractor anticipates the facility to be certified as Substantially Complete in July, 1985.

Despite the many delays experienced by the staff during the past year, they have maintained a professional and optimistic attitude in their endeavor to develop and review the policies and procedures necessary to open Harris Hospital. Harris Hospital's management recruited, interviewed and committed to highly qualified applicants when the availability of budgeted positions was permitted by SCDMH Personnel. Significant problems confronting Harris Hospital have been promptly communicated to the appropriate personnel within the SCDMH Administration in an effort to resolve them in a timely and efficient manner. Weekly Activity Reports were submitted to illustrate the accomplishments and concerns experienced by the Harris Hospital Staff.

Over 600 people attended the Harris Hospital Dedication on June 28, 1985. Our records indicated that over 300 people attended the Harris Hospital Open House on Saturday, June 29th, and Sunday, June 30th.

The principle goals for Harris Hospital management early in the next fiscal year will involve the staffing and equipping of the facility so that patient occupancy will be accomplished as soon as practically possible.

HARRIS HOSPITAL 1985-1986 FISCAL YEAR GOALS

The goals for Harris Hospital for Fiscal Year 1985-1986 relate to the opening of Harris Hospital. These goals are as follows:

1. To staff the Hospital with the best qualified clinical and administrative personnel. To employ individuals in a time sequence which allows for proper training and prepares the Clinical Staff to treat patients.
2. To continue the materials management inventory control process. To monitor the equipment which has been purchased and to carefully document and identify equipment received and equipment needed for opening.
3. To develop a drug distribution system which is effective and accountable. The drug distribution system is of major importance, however, other systems concerning the distribution of supplies and the delivery of goods must be developed.
4. To continue to develop the public relations program which has already begun. Harris Hospital enjoys tremendous public support from the Anderson Community. It is incumbent upon the Manage-

- ment Staff of Harris Hospital to continue the development of our positive public image within our fourteen county catchment area.
5. To recruit Board Certified Psychiatrists and to develop contractual relationships with Physicians within the Anderson Community.
 6. To continue to refine our Admissions and Discharge process, making certain that patients rights and issues concerning the Probate Court system receive tremendous attention to detail. Throughout the admissions, treatment and discharge process, it is our goal to make certain that the patient's rights, as well as the family's rights, are protected.
 7. To develop multi-disciplinary Treatment Teams which include the clinical areas of Nursing, Psychology, Social Work, Activity Therapy, and Psychiatry. Treatment Teams will develop treatment plans which are in the best interest of the patient and which provide the best possible treatment modalities available at Harris Hospital. It is our goal that these clinical areas will communicate and work together for the patient's best interest.
 8. To continue to develop the Clinical Pastoral Education Program. The Clinical Pastoral Education Program at Harris Hospital will provide pastoral training for four residents and several community Clergy people. The CPE Program has previously received provisional accreditation and hopefully full accreditation will be forthcoming as the Hospital opens and admits patients. The CPE Program will be an important link with the outside Clergy.
 9. To continue to develop and refine the Policies and Operational Procedures for Harris Hospital. Operational Procedures and Policies are being developed, however, as the Hospital opens, it is incumbent upon the Management Staff to continue to review these Policies and Operational Procedures to make certain that Harris Hospital operates in the most effective manner possible.
 10. To continue to develop an ongoing Quality Assurance and Risk Management Program. It is incumbent upon the Administrative and Clinical Staff to make certain that the quality of care delivered is of the highest caliber possible and that patients, staff, families, and visitors, are not exposed to undue risks while at Harris Hospital.
 11. To continue to refine our budgeting and fiscal operations. It is incumbent that the Administrative Staff operate Harris Hospital in the most cost effective manner and to manage financial resources effectively.
 12. To utilize the IBM System 36 Computer to enhance our clinical and management information system within Harris Hospital.
 13. To work with the Community Mental Health Centers within our catchment area in an effort to make certain that patients who are

discharged from Harris Hospital have effective follow-up care. It is our goal to make certain that the treatment plan which was developed while the patient was hospitalized and the aftercare treatment plan is effectively communicated with the Community Mental Health Center. The staff of Harris Hospital will devote considerable attention toward making certain that a continuation of care exists for patients who are treated and discharged at Harris Hospital.

14. To stress in-service educational programs to improve the skill and confidence of the Clinical and Administrative Staff. It is incumbent upon the Administrative Staff to make certain that the proper in-service educational programs are provided. The office of Staff Development within the DMH continues to provide assistance in this area to Harris Hospital Staff.
15. To be attuned to the needs of the Staff of Harris Hospital. It is incumbent upon the Administrative Staff that an ongoing and positive employee relations program continues to exist. The greatest asset that Harris Hospital has to offer is the staff members which provide treatment and supportive services. Staff members to this date have been selected with due care and this careful employee selection process and the associated positive employee relations issue will continue to receive considerable attention.
16. To develop a family education and outreach program which attempts to educate the patient and their families concerning the need for hospitalization, medication, and issues relating to mental illness.
17. To continue to develop an Administrative Staff which is concerned with the effective utilization of resources. It is incumbent upon the Administrative Staff to make certain that Clinical as well as Administrative Departments strive for excellence. The concept of pursuing excellence must also be conveyed to all employees who make up the Harris Hospital family.
18. To make certain that the building and grounds at Harris Hospital are maintained in the best possible manner. This goal will be accomplished through coordination with the Department of Physical Plant Services within the DMH.
19. To cooperate with all SCDMH Departments to make certain that Harris Hospital complies with Departmental regulations and appropriate State laws.

The focus of the goals for Patrick B. Harris Psychiatric Hospital will intensify in the clinical areas as Harris Hospital develops and begins to serve patients. At this point in time, in our early development it is

imperative that an organizational foundation be established which demands accountability and pursuit of excellence in all clinical and administrative areas. It is to this end that these goals are developed for the 1985-1986 fiscal year.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

The Division of Community Mental Health Services has had an active focus during fiscal year 1985 on increasing service availability and assuring the quality of services delivered. Program emphases such as enhancing children's services and strengthening community support for the chronic population which were begun in previous years, have continued to develop.

New children's treatment homes for emotionally disturbed adolescents were opened in Beaufort, Orangeburg and Aiken. This brings the total number of homes to four, containing a total of thirty-six beds.

In October, 1984 the Deputy Commissioner appointed a Center/Department Management Liaison Committee to identify management and organizational issues affecting Centers and to recommend solutions. The committee has met regularly throughout the year and has addressed center concerns in both the personnel and budget/finance areas.

On August 1, 1984 the Lexington Mental Health Clinic became the seventeenth comprehensive mental health center in South Carolina. This achievement of center status signaled that every catchment area in the state had access to the following mental health services: outpatient, including services for children, the elderly and chronic/aftercare patients; emergency and screening services; day treatment services; and consultation, education and prevention services.

A new program direction was begun for the Center for Orientation to Independent Living. In addition to the residential program, COIL has developed a psychosocial clubhouse to help chronic mentally ill persons reach their potential. The name for the entire facility was changed to Center for Independent Living.

The Division coordinated and co-sponsored the Annual Cross-Cultural Conference. The focus this year was "Children and Youth." Almost two hundred persons participated, including representatives from health, mental health and other human services agencies, educational institutions as well as business and industry. The attendance and successful outcome of the conference continued the Division's leadership in addressing multi-cultural issues.

Highlights of the Division's components, programs and reports from community mental health centers follow.

ADDICTIONS AFTERCARE

Community Mental Health Centers maintained a program of referral and aftercare services with the Earle E. Morris, Jr., Alcohol and Drug Addiction Center. State funds were available to provide ninety percent of eight Addiction Specialist positions in eight centers. The other nine centers coordinated and/or provided addictions services by utilizing existing staff and available resources. The Addictions Consultant and Regional Directors in the central office provided consultation to centers on alcohol and drug abuse issues and program development.

CHILDREN'S SERVICES

During fiscal year 1985, the Division of Community Mental Health Services established three additional children's community treatment homes. Two of these homes, one for boys and one for girls, each having a capacity of six beds, are operated under a contract with the Orangeburg Attention Homes, Inc. The third home, a co-educational home with a capacity of six children, is a direct operation of the Aiken-Barnwell Mental Health Center.

These additional treatment homes have been added to the previously established homes operated by the Piedmont Treatment Homes for Adolescents in Simpsonville which runs a home for boys and a home for girls, and by the Community Mental Health Foundation, Inc. in Beaufort which runs a home for boys on Lady's Island. Thus the Division now has a capacity of 36 children in Community Treatment Homes in four of the State's 17 service areas with a combined budget of less than \$475,000.

A prominent Charleston businessman, who has a strong interest in establishing a center for children's services, has committed a portion of his country estate on the upper Wando River to the Charleston Area Mental Health Center for 2 years rent free, for the purpose of establishing a children's community treatment home. The Charleston Center will absorb the cost of the operation of this facility for the first year, a director for this project has been employed, and the home with a capacity of six children is expected to open not later than the fall of 1985. The Division also has hopes of gaining third party reimbursement for several services provided in the treatment homes. Such reimbursement is expected to partially supplant State supplied operating funds and make possible a modest increase in the number of homes during fiscal year 1986.

\$300,000 in Federal Mental Health Block Grant children's set aside funds and \$500,000 in State appropriated funds for children's services were made available for the expansion of children's community mental health services for fiscal year 1986. Community needs and resources were carefully examined and all centers were allocated funds for the purpose of

acquiring additional children's services staff members. These funds will be administered through performance contracts formulated to make optimal use of these limited funds. Services that will be provided through these contracts in various centers include day treatment, outdoor adventure activities to be used in conjunction with traditional therapies, sex abuse therapy, individual psychotherapy, group psychotherapy, child psychiatric services, etc.

PROGRAMS FOR CHILDREN, ADOLESCENTS AND ADULTS WITH AUTISM

Since 1971 the Community Mental Health Services Division has moved toward the goal of the development of a state-wide network of services for children, adolescents and adults with autism or other communication/behavior problems in South Carolina. Day programs are now located in Charleston, Columbia, Conway, Florence, Greenwood, Orangeburg, and Spartanburg. Except for the Children's Program in Columbia, the programs are run on a contractual arrangement with another agency, usually the local school district. State funds support all of these programs in addition to school district and P.L. 94-142 funding.

Adolescents are now being served by all of the day programs. Vocational training is provided to adolescents and adults in Spartanburg and Lexington and Charleston. Job placement and follow-along services are also available. This training takes place on site and in the community training sites.

Residential services are available at the Pacolet and Lexington Community Treatment Homes. Both are run directly by the SCDMH. The homes provide an opportunity for residents to further develop language/social, domestic living, and recreational/leisure skills. The homes also provide long and short term respite care for children or families in need of such services. Participation in the Day Programs is not required.

The treatment approach has been further developed this year; it continues to be based on behavior and learning theory stressing a positive approach to behavior problems, but has expanded further into the area of community based training of functional skills.

With this development has come some changes in provision of training. In the fall a variety of levels of training will be available to parents and professionals who work with different levels of children who demonstrate problems in learning and interacting with others. Training will continue to be provided primarily through Charleston, Columbia, Spartanburg and Rock Hill. The training program is recognized for its effectiveness in strengthening the skills of professionals working with autistic children. Rock Hill continues to serve solely as a training, consultation and evalua-

tion site, although all of these services are also available through the office of the Director of Programs for Children and Adults with autism.

A summer day camp program was again offered this year as well as a week long residential camp. The summer programs provide treatment continuity and respite for families.

CENTER FOR INDEPENDENT LIVING

The Center for Orientation to Independent Living became a Mental Health Clinic in January of 1985. The name of the clinic was officially changed by the Commission on March 5, 1985 to The Center for Independent Living (C.I.L.) hereinafter referred to as the center.

The center specializes in meeting the needs of the chronically mentally ill through two major program components. General psychiatric support services are rendered through the clinic, and psychiatric rehabilitation services are rendered through the clubhouse, Independence House. The center's purpose is to provide the support and rehabilitation services necessary to facilitate the development of independent living and vocational skills enabling participants to become viable, productive citizens in the community; and thus live their life normally.

Major program changes were implemented on February 19, 1985. The center began billing for all services rendered. Along with billing came additional record keeping and quality assurance procedures. The living skills program, Independence House, was also implemented on this date. The Commission approved a \$5.00 daily charge for room in our apartment program on March 5, 1985. This charge was implemented on April 1, 1985.

Our clinic primarily provides psychiatric support services to our clients, Independence House members, and our apartment residents. Most of our clients are persons who have previously completed the "COIL" residential program. Outreach services are continually provided to these persons.

Services provided in the clinic include: assessment; crisis intervention; psychiatric medical assessment; medication monitoring; medication administration; individual case management; individual family and group therapy. A part time nurse and a part time physician were added on a contractual basis to assist in delivering these services.

The clinic now carries approximately 175 clients and future growth is anticipated.

FILM AND BOOK LIBRARY

The Film and Book Library has continued to provide educational materials relative to mental health issues and concerns to individuals and groups throughout the state. Our statistical information indicates that

more than 5,200 audio-visual materials were distributed to schools, churches, mental health centers and clinics, hospitals, government agencies and civic organizations. These materials were used for 13,488 educational programs to viewing audiences totaling 317,122. In addition, more than 1,300 pamphlets were distributed to patrons of the Library. During this time also, the preview room was used approximately 100 times. This included time for previewing new films as well as those already in our collection.

In accordance with our objective to fill in the gaps in our collection and to up-date the same, we have been able to add ten new films to the Library in the areas of child self-concept, child molesting, problems relevant to the adolescent and the elderly as well as intergenerational concerns. We have also been able to replace several worn-out prints.

The Library staff continues to provide help to patrons in the selection of audio-visual materials, to preview films for possible purchase and to assist in providing films for in-service and other educational programs. The staff makes every effort to provide quality materials and services in South Carolina and will continue this effort.

Within the new year the Library plans to have a revised and up-dated catalog available to current and prospective viewers in a continuing effort to raise public awareness of our services. The rapport that the Library has enjoyed with the public for the past number of years is of the highest priority for the coming year.

FRIENDSHIP CENTER

Friendship Center provides social rehabilitation to the recovering mental patient living in the Midlands. The Center shares the facility at 1135 Carter Street, Columbia, with the Center for Independent Living. The purpose of the Center is to provide recreation, education, and social events that promote good community adjustment and support.

Friendship Center celebrated its 25th Anniversary this year with the slogan "25 Years of Friendship." Special events were held such as a Shrimp Boil and Beach Music Benefit that was a fund raising event for the community and an Anniversary Dinner Dance for the membership.

Financial support comes from the Department of Mental Health, The United Way of the Midlands, contributions and fund raising events. The Department of Mental Health provides additional significant "in-kind" services. The 1985 budget was \$92,580 and the requested 1986 budget is \$96,000.

The Center staff is composed of a Director, Program Coordinator, part-time secretary and part-time Out-reach Worker. Part-time Group Leaders are hired to keep the Center open every night of the week and

weekends. The attendance is over 2,000 a month with 650 different individuals served this year.

OFFICE OF QUALITY ASSURANCE

The Office of Quality Assurance has, for the past year, administered a Quality Assurance Plan and Manual which is a comprehensive and systematic approach to Quality Assurance. The year's experience has allowed for some sophistication of the manual. The services and the evolving needs of the patient population has been responded to with input from service providers and Health and Human Services representatives.

The Technical Advisory Committee, comprised of Central Office Quality Assurance personnel and Center representatives, has provided the mechanism by which centers were advised on guidelines and procedures pertinent to implementation of the QA Plan and Manual. The periodic meetings of this committee have focused on a range of topics including Medicaid policy, Management Information Systems, clinician support mechanisms and documentation problem areas.

The office of Quality Assurance has realigned its personnel this past year to more closely mirror the organization of the Division of Community Mental Health Services. An auditor is assigned to each defined region of the state. The purpose of this alignment is to increase the knowledge Center management and Central Office personnel outside of Quality Assurance have of the developments in the field. This effort has resulted in an integrated and functional place for Quality Assurance in the decisions made by Center management.

To reflect the commitment to quality services made by the Division of Community Mental Health Services, the documentation of services has become increasingly technical and sophisticated. The Office of Quality Assurance has aligned the rules and procedures for documentation in a manner which will allow centers to respond most successfully to the Quality Assurance requirements.

RESEARCH AND EVALUATION

The Research and Evaluation Section assisted centers in assessing needs for community programs, identifying population target groups, evaluating in the process of service delivery and outcome of services provided, and conducting special research projects. The section continues to operate a statewide centralized automated management information system (MIS) to assist centers in monitoring services and staff productivity, and providing accountability to external systems. A detailed cost analysis of services provided by centers was conducted.

A comprehensive mini-computer management system was installed in five of the seventeen mental health centers. Plans call for the system to be phased in at other centers as funds become available.

AIKEN-BARNWELL MENTAL HEALTH CENTER

The Center's primary goals for FY 1984-85 were: (1) Refining and formalizing our administrative procedures, including computerization, (2) Further refining our Quality Assurance Program with emphasis on appropriateness of service, (3) Staff recruitment, training and development, (4) Long-term (five year) Center Development Planning, and (5) Maintain primary performance indicators at FY 1983-84 level.

The Center implemented an enhanced Quality Assurance program by incorporating expanded peer review, credentialing and privileging into the existing program, expanding QA committee membership and implementing subcommittee responsibilities. Audits show an increase of 1% in Quantitative Acceptance (Acceptance rate of 94 % to 95%) and a reduction of 1% in Qualitative Acceptance (Acceptance rate of 90% to 89%).

The Center staff averaged 57% of available time providing direct services to clients. Six percent of available time was spent in consultation, education and prevention services. Center surveys of terminated clients to assess client satisfaction revealed that 94% of clients had a favorable assessment of the services received.

The Center averaged 14.7 State Hospital admissions and readmissions each month, an increase of 39% over FY 1983-84 average and 7% above the State/Center goal for the year.

The Center implemented 1) a statewide pilot program for Basic Care Services aimed at removing chronic clients from institutionalization and 2) a Children's treatment Home aimed at providing living skills to five emotionally disturbed or behaviorally difficult children. Both programs were successful and will be continued.

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The most significant change within the Center was the beginning of a new administration. Such change came about as a result of direct and committed involvement of the Board of Directors in the total operation of the Mental Health Center. Additionally, the Center began to include and rely more readily upon the Central Office in all facets of the overall program — both clinical and administrative.

Although there were major organizational changes as a result of the involvement of the Department and Board, not all needed organizational, programmatic, and administrative changes could be finalized in 1984-1985.

An important programmatic development was the emphasis placed on Structured Intensive Care and how to utilize that service to benefit patients in an acute psychiatric episode. Rather than hospitalize a patient on a short term basis, the Center began placing appropriately screened patients in Structured Intensive Care. Expectations are that in 1985-1986 even more clients will be placed in that service.

The ESP/CSP service was given high priority again in 1984-1985 as had been true since the beginning of those programs. However, there was not much variation in the total client population served last year and the preceding year.

The Clinical Care Committee performed a Consumer Satisfaction Survey in the Fall from within the Aftercare Program. There were one hundred and twenty-two consumers polled. The underlying result was that basically clients were pleased with services rendered and with the staff responsible for those services.

With the changes in organization and management there was little emphasis placed on programmatic issues. The Center focused especially on restructuring its mission and the development of a system whereby that mission could be accomplished in a positive, organized, and professional manner.

BECKMAN CENTER FOR MENTAL HEALTH SERVICES

The Beckman Center established goals for the 1984-85 fiscal year which revolved around increased efforts at the program initiatives of ESP and CSP. Specifically, the Center maintained the goal of 20% reduction of emergency admissions to state institutions and of increasing the number of discharges into the service area of CSP identified patients. Other goal statements for the Center included revamping the supervisory system and completing the transition of the Living Skills Program and the Saluda/Edgefield Satellite Office. Performance on each of these goals will be outlined below.

Goal #1: To decrease emergency admissions to State Institutions by 20% in the FY 84-85.

As of this writing, the number of admissions has been reduced by 21 (through March, '85). This represents 33% of our goal of 64 reductions. The strategies to assist the Center in reaching this goal are being brought on line but are not fully operational. The new inpatient unit at Self Memorial Hospital opened April 7 and negotiations are continuing to establish a new contract for short-term stabilization. In addition, intensive case management and follow-up of revolving door clients is just now being instituted. There is more consistency of feedback to satellites and offices on admissions and discharges. Closer liaison work with the S. C.

State Hospital is also helping resolve discharge problems more expeditiously.

Goal #2: Continue to develop and provide follow-up services for CSP patients in our service area and increase the number of discharges into our catchment area of CSP identified patients during FY 84-85.

This goal is an on-going process goal and the Center has continued to receive more discharged CSP patients into the service area. The current total of 27 CSP patients reflects a 50% increase over last year. With another boarding home facility planning to open, this amount will increase greatly.

In addition to increasing CSP discharges into the service area, the hospital census of individuals from the seven counties has also been reduced from 172 in July, 1984 to 152 in March of 1985.

Goal #3: Revamp the supervisory system to a management team approach to include performance indicators for supervisory staff, set expectations for service units and establishing a curriculum for middle management training.

This goal has been essentially carried out with appropriate changes in the organizational chart, the management retreat in the fall of 1984, and the regularly scheduled meeting time for the management team. This group now meets Fridays and all policy and procedure issues are processed through this group.

The retreat experience allowed time for team building and the supportive aspects of the meetings carries this process along also. Continued agenda items of production data, outstanding accounts and monies earned by office allow managers the data to assess their progress on meeting performance expectations.

Goal #4: Complete the transition of the two program areas of Saluda/Edgefield Satellite Office and Living Skills/Horizon House during the first 6 months of the new FY.

This goal was accomplished on schedule. The Saluda/Edgefield Office opened and is operational. Some staff turnover has reduced the production capacity as well as hampered the stability of programs. This appears to have diminished now and the office is operational.

The Living Skills Program is now named Horizon House and is again fully operational with a structured curriculum. Staff received training in August, 1984, in Florida, and applied that model to establish the learning modules taught to patients who attend the program.

Generally, the year has been one of establishing the focus of future years to come at Beckman. The decentralized service system has continued to try to meet the needs of the citizens of our seven counties. Accessibility always remains a concern and adequate staffing of our service locations continues to be a challenge.

BERKELEY COUNTY MENTAL HEALTH CENTER

At the close of FY 83-84 the Berkeley Mental Health Clinic was upgraded to mental health center status. This action generated a great deal of community exposure and as a result there was a sharp demand for mental health services placed on the Center and our waiting list was approximately 150 at one time. The Center has responded by continuing to expand staff productivity and staff resources. The Center's Board was successful in petitioning the County Delegation for 7 new positions and operating funds to support the positions. However, the General Assembly would not allow these positions to be filled until January 1, 1985. These additional staff have been employed and have allowed the Center to reduce its waiting list to approximately 35 cases.

The Center is meeting its goals for the Community Support Program by bringing home over 90% of the hospitalized patients who have been ready for discharge. The Center has not met its goal of reducing emergency hospital admissions by 20%. However, the Center's total emergency admissions have remained constant for the past three years despite a catchment area which has had one of the highest rates of population growth in the State over the last five years. The Center also maintains one of the lowest emergency admission rates and hospital resident census per 10,000 population basis of any Center in the state.

A review of Center wide goals for FY 84-85 reveals the following progress. The Center is in the initial stages of developing a comprehensive set of policies and procedures for credentialing staff, peer review and clinical supervision. A feasibility study was conducted to explore the possibilities of establishing a satellite office for the Center in the Goose Creek, Hanahan area. Due to the major problems with the Center's main office site and need for a new building, the satellite office plans are on hold. The Center increased its direct service productivity on a per therapist basis by approximately 10%. Fee collections have increased by approximately 40%. The Center was able to establish the equivalent of a full-time psychiatrist by contracting with private psychiatrists in the area. The Board has maintained an excellent relationship with local governmental funding bodies and has been able to secure a high level of financial commitment to the program. The Board currently has two positions of 10 vacant and is working diligently with County Council to fill these positions.

CATAWBA MENTAL HEALTH CENTER

This fiscal year has been one of stabilization and consolidation of the new Community Support and Emergency Stabilization programs that were added to the Center in 1983-84. Through the established goals and funding efforts of the ESP program, the Center was able to continue to

reduce the emergency admission rate to the S. C. State Hospital system from 16.37 admissions per 10,000 in 1982-83 to 12.84 admissions per 10,000 in 1984-85. The success of this program this year has been due to the expansion of community resources available, including an agreement with Piedmont Medical Center, a local private hospital, to commit critical patients to the psychiatric wing for intervention and stabilization. Through the goals and funding of the CSP program existing programs were strengthened and the development of programs began to emerge. The Clubhouse program maintained its enrollment, as plans to expand were not realized due to some complication in staffing patterns. The Clubhouse provided living skills training as well as establishing 3 part-time vocational placements in the community. The Center enhanced the boarding home program by adding living skills and specialized training and consult for the boarding home staff. A total of 20 discharged CSP patients have been placed in the community, exceeding the goal of 12 for the year.

The Center realized a recovery from the drain of energy experienced in the participation in the Human Services Demonstration Project.

The Center added 14 new staff positions — 3 which are still vacant. A new C/A position was provided through additional funds awarded to the Center by the York County Council. Through this allotment, C/A Services was able to recover from a waiting list and began to resume service delivery in timely fashion.

A new staff member was added to the SIC program. Due to the expansion of service hours and program flexibility in serving the more chronic patient SIC has shown a slight increase in patient census.

Services to the elderly have shown an increase as efforts to expand this program began to fall in place. Continued liaison efforts with professionals serving the elderly has provided patient consult, staff training, and assistance in developing community resources for the elderly. Two additional Center staff received Geriatric Specialist training during this fiscal year.

Adult Outpatient emphasized brief psychotherapy and group therapy as treatment models and were effective in becoming more "specialized" in growth services. AOP also began to develop increased communication with referring professionals this year by sponsoring an interagency luncheon to review needs and mechanisms to enhance working relationships.

The satellite offices were maintained, despite staff limitations in each site. The Lancaster office emphasized CSP/Aftercare programs but was unable to address C/A or growth services without additional staff. The Chester office maintained a balanced level of service delivery with an increase in services to children (from 10% to 22%) and services to elderly (from 18% to 23%) despite sporadic staff limitations due to an illness. The

York office maintained its present level of services with an emphasis on the Aftercare population. Efforts to expand C/A services was assisted by staff resources from the Rock Hill office.

Volunteer services provided over 80 service hours per month which exceeded the goal by 300% (goal was 20 hours per month). CEP services concentrated on service delivery to the professional community. Efforts were made to address specific at-risk populations as identified by state and federal sources.

Toward the end of 1984-85 the Center has been planning for program expansions in cooperation with the proposed geriatric facility as well as other community resources providing services to at-risk populations. Several grant applications have been submitted to fund added programs which include: (1) Expansion of C/A services in all counties/sites, (2) Establishing an adolescent treatment home in the catchment area, (3) Addition of a crisis management unit as well as expanded resources to provide critical care, and (4) Expansion of services to the elderly in all sites, including the development of a specialized geriatric unit.

CHARLESTON AREA MENTAL HEALTH CENTER

Direct treatment services are being provided to residents of Charleston and Dorchester counties at the Charleston Area Mental Health Center and its Summerville satellite to an increased number of approximately 3,400 different clients in 25,000 contacts during FY 84-85.

In addition to meeting the increased demand for services, the Intake Service now handles a limited short-term stabilization caseload, has maintained court and hospital liaison activities, completed a study of high recidivists, and continues to be involved in a genetic clinic which has been nominated for a national award.

Implementation of a new appointment scheduling system in Sustained Therapy Service encourages more frequent contacts with high-risk patients. In a continuing effort to reduce hospital admissions, the Center purchases psychotropic medicine for patients with no financial resources.

The increased demand for services in Intensive Therapy section has severely taxed those staff members, but this has improved recently to allow a waiting period of only one week between intake assessment and intensive therapy. Group therapy was begun for women incest survivors this year.

The Living Skills program has expanded by adding another staff member and now operates "Step Ahead" in a clubhouse setting five days a week. Other accomplishments are the opening of a thrift shop, evening support groups with family members, the provision of bus tickets for members with transportation problems, and the services of an adult education teacher have been obtained.

Case management of all Living Skills patients is now handled by Transitional Living staff, who also serve CSP patients returning to the community. Training for community home operators has covered first-aid and CPR, and a trip was made to hospital facilities in Columbia for first-hand observation. Licensing for additional homes is anticipated in the catchment area, including one which might be able to offer the newly approved Basic Care Services.

Plans are underway for enlargement of the physical facilities for Child/Adolescent Services. One full-time and one part-time Mental Health Counselor position were added to C&A staff during the year, and this service area maintains heavy involvement with sexual abuse cases and the family court. Concrete negotiations are underway for a residential group treatment home for children. Other noteworthy activities are parenting classes, groups for abuse victims and perpetrators, meetings with solicitors to prepare children for testimony in abuse cases, and workshops on abuse presented to other community caregivers.

The recent transfer of a staff member from Child/Adolescent Services to Dorchester County MH clinic will enhance the services offered at that location in child, adolescent and family therapy. Consultation and education services are reaching a large number of Dorchester County residents through a weekly newspaper column, television program and work with many county agencies. The number of adjunct volunteer staff being available and approved to render treatment services (under supervision) at this location continues to be an asset.

Additional funds available during FY 84-85 enabled much-needed repairs, replacements and purchases of small equipment such as water coolers, office furniture, copiers for each location, washer, dryer and air conditioners for Step Ahead clubhouse.

A sizeable increase in the number of psychiatric/medical assessment by staff psychiatrists has been accomplished with the hiring of an additional M.D. and some changes in scheduling.

Two C&E activities initiated during the past year are a stress management project with County of Charleston employees, and ongoing specialized training for County Jail employees.

The Center continues to have a healthy relationship with a supportive and involved Board of 15 interested citizens who jointly focus on the provision of quality services for area residents. The quality of services being provided has been shown by CMHS central office auditors as increasing over last year from 93% to 99% compliance level on the documentation component, and from 92% to 95% compliance on the appropriateness of service component.

COASTAL EMPIRE MENTAL HEALTH CENTER

Coastal Empire Mental Health Center provides comprehensive mental health services to the citizens of Allendale, Beaufort, Colleton, Hampton and Jasper Counties. Presently services are offered in six locations. This past year has brought a number of challenges and changes for the clientele, staff and Board of Coastal Empire Mental Health Center.

The major programmatic changes during the year were the addition of the community based residential treatment program for children and the expansion of the Living Skills Program to provide more services to a larger number of clients. The total caseload as of June 30, 1984 was 1,129. The following table illustrates the services provided during the year compared to the previous year:

	<i>FY 83-84</i>	<i>FY 84-85</i>	<i>Percentage of Change</i>
Admissions	1,574	1,515	Decreased 04%
Direct Service Contacts	22,699	26,691	Increased 17%
Direct Service Hours . .	26,289	52,053	Increased 98%
Average Daily Contacts	113	117	Increased 04%

A significant proportion of the increase in direct service hours can be attributed to the expansion of the Living Skills Program in both Beaufort and Colleton Counties.

The composition of clientele has also changed somewhat. The Center is now serving more children and youth and more black persons than in the previous year (see table below).

	<i>FY 83-84</i>	<i>FY 84-85</i>	<i>Percentage of Change</i>
Adult	1,050	1,034	01% Decrease
Child	325	409	26% Increase
Elderly	89	71	20% Decrease
Black Females	268	281	05% Increase
Black Males	228	247	08% Increase
White Females	602	589	02% Decrease
White Males	348	389	12% Increase

The Community Support Program (CSP) and Emergency Stabilization Program (ESP) continued to be two very successful efforts by CEMHC. Our goal for CSP was to return and maintain 20 long term hospitalized clients to the community. We successfully returned 21 persons to the community by June 30, 1985 of whom only one had returned to the hospital. This success is mainly due to careful screening and more importantly to the quality care delivered by staff.

The ESP effort again deflected 57 persons from admission to the State hospitals from the base fiscal year of 1982-83, thus reducing the State hospitalization rate per 10,000 population from 15.9 to 11.4. Again, credit is due our staff for their willingness and creativity in providing local alternative treatment.

Consultation and Education efforts are highlighted below:

- (a) Completed several projects for the U. S. Marine Corps including eight inservice programs for the Family Service Centers staff and chaplains of the Recruit Depot and the Air Station.
- (b) The C&E unit's work in the area of domestic violence has continued to receive considerable national attention. This program involved C&E staff in ten week courses at the two bases throughout the year.
- (c) The Key Wives Program provided support and training for wives of deploying service members. These nine weeks groups were provided five times during the year.
- (d) Consultation and Education was provided for area schools, hospitals, law enforcement and human service agencies, and industry. A local seafood restaurant was provided training in stress management techniques for its managers. The largest local private school contracted for weekly sessions for its secondary school students for self esteem building groups. Consultation was provided weekly to Project STRIDE, a local program to provide teacher and parent consultation regarding difficult to manage children.
- (e) Courses for the general public were offered on topics of stress management, parenting skills, assertiveness, etc.
- (f) A radio show on a local Beaufort station was provided each week until May and continued monthly after May.

There were several staff changes during the year. Four staff left and six new staff were added plus a contract nurse to provide medical services to area offices. One staff member was moved to the Living Skills Program to better coordinate aftercare activities.

There was one organizational change in March with the combining of the Hilton Head service area with the Jasper County service area.

Total fee collections have increased over the past year (see below).

	<i>FY 83-84</i>	<i>FY 84-85</i>	<i>Percentage of Change</i>
1st Party (includes C&E)	\$143,635	\$107,450	25% Decrease
3rd Party	108,209	165,069	53% Increase
Total fees	251,844	272,519	08% Increase

The Board has undergone a number of changes. The Board Chairperson resigned in July, and the Vice-Chairperson served until June of 85 when a new Chairperson and a new Vice-Chairperson were elected. A number of vacancies and expired terms were filled, thus greatly changing the composition of the Board. In spite of these changes and challenges the Board members have adapted well and continue to meet regularly and advise the Center.

COLUMBIA AREA MENTAL HEALTH CENTER

Fiscal Year 1984-85 was a year of growth and change for the Columbia Area Mental Health Center. The Center upgraded facilities, reorganized to further develop its Community Support and Emergency Stabilization Programs and expanded community resources for the treatment and prevention of mental illness.

The Center improved service accessibility by relocating the Winnsboro Satellite, putting into operation the new Lower Richland Satellite, and opening a new Satellite office in Northeast Richland County. The Winnsboro Office moved to 311 South Congress St. to better serve Fairfield County. Located at 7356 Sumter Highway, the Lower Richland office implemented its programs during this first full year of operation. On November 1, 1984, the Center opened the new Richland Northeast Satellite office at 6531 Two Notch Road.

The Center's main building underwent major restoration work this year. The fifteen year old facility has been upgraded with interior and exterior painting, new carpeting and new furniture. The Center is also studying the facility space needed for its developing Community Support and Emergency Stabilization Programs.

Serving over 60% of the caseload, the Center's Community Support Program has developed new levels of community based care to support community reintegration and rehabilitation of chronic patients. The Center's Psychosocial Clubhouse is one new level of community based care. Using the rehabilitation clubhouse model, and a structured curriculum of instruction in basic life skills, previously hospitalized patients learn the housekeeping, personal hygiene, basic financial, and vocational skills they need to live independently in the community.

The Center is developing two new programs to strengthen the chronic patient's personal support system. The Center's new Sponsor Family Program will be placing patients recently discharged from inpatient psychiatric care in sponsor "foster" families. The Center's new Family Education Program will provide support groups for the chronic patient's family while training them in the skills they need to maintain the patient at home and prevent rehospitalization.

Responding to a 60% increase in Emergency contacts, the Center's reorganization also refined the Emergency Stabilization Program. The Center hired a Medical Director and increased medical and senior level staffing. The Partial Hospitalization Program was restructured to provide crisis stabilization and the full range of medical and support services needed for acute symptom reduction. By screening potential emergency admissions to state inpatient psychiatric facilities, and, when appropriate, providing alternate stabilization treatment in the community, the Center prevented hospitalization for many at risk.

The Center achieved a new level of service delivery system coordination with William S. Hall Psychiatric Institute, Richland Memorial Hospital and the USC School of Medicine. This new systems integration facilitates the referral of patients to appropriate levels of care and makes the sharing of programs an staff possible.

The Center adapted to the changing mental health needs of the over 300,000 residents of Richland and Fairfield Counties. The Center will further develop community support and rehabilitation services for the chronically mentally ill, prevent hospitalization through community based treatment and expand services for children, adolescents and their families.

GREENVILLE MENTAL HEALTH CENTER

The Greenville Mental Health Center operated much of the year without a Director and was fortunate to attract Dr. Norman Desrosiers as Medical Director in March, 1985. We experienced a large turnover in staff and held eight vacancies under a Board imposed freeze for approximately eight months until a Director was secured. Four positions have been filled and we anticipate filling the remaining positions by the year end.

Services were maintained in most program areas, but overall goals were not achieved. For the first time in our history we were forced into extensive waiting lists for admissions of five to six weeks for Child/Adolescent Services and two to three weeks for Adults. We served 1,404 new patients and maintained total patient contacts at 18,149 for a ten month accounting period. 63 percent of the contacts were with CMI patients. We were able to achieve only 20 percent of our goal for reduction of emergency admissions but have negotiated an agreement with a private local hospital to increase our success rate for the coming year.

Several programs were restructured with significant changes in staff assignments and program objectives focusing efforts toward five major groups — Elderly, Children, CMI, high risk black males, and persons in need of emergency interventions.

An agreement was established with Gateway House, Inc. for the provision of Living Skills Services to our clients. The program is excellent, serving thirty clients daily in living skills and vocational placement. Plans for the coming year include expansion to residential services for transitional and long term housing.

In the area of Child/Adolescent Services, we were successful in securing funds for construction of a new building which is scheduled for completion by June, 1985. The new facility is designed for the specific needs of children and adolescents with ample space for a variety of activities previously limited by space constraints.

Consultation/Education services were not given priority as in the past. However, there were still 28,931 contacts made. The Employee Assistant Program (EAP) with J. P. Stevens Company proved very successful, but was not renewed due to financial problems of the company. However, we have been contacted by two other companies with interest in developing similar programs.

In summary, the Greenville Mental Health Center is beginning to recover from a series of financial and programmatic problems to develop a much stronger service delivery system for the coming year.

LEXINGTON COUNTY MENTAL HEALTH CENTER

Fiscal Year 1984-85 began with the opening of the Lexington satellite office which was designed primarily to make Community Support Program and Living Skills Program services more accessible to the rural area in the county. After all the furnishings were in place, an Open House and dedication ceremony was observed in December. Over 500 invitations were sent to community leaders and care givers in order to publicize the office and to enjoin them in our happy celebration.

With the addition of the Living Skills Program in July at the Lexington Office, our Clinic became recognized as a Center which offered all essential services. Board and staff members had worked very diligently together in order to achieve Center status and were justly proud.

The Center has continued to make great strides in the establishment of residential opportunities for the chronically mentally ill. We currently have eleven Community Care Homes with a 190-bed capacity. In April, we made a collaborative effort with Mid-Carolina Mental Health Association, Friends and Family of the mentally ill, and a local builder to open up the Holland House, an apartment living complex for younger clients who are able to maintain independent living environments. Total bed capacity for this project is eighteen. The key to the program is the employment of a full-time resident counselor who will be available around the clock for any routine and emergency needs of the residents. Participants who are not working will take part daily in our Living Skills Program.

The outpatient staff developed an ingenious plan to provide crisis and follow-up services in a more efficient and immediate manner. Continuity of care was also improved as a result. A specialized program for abused women was implemented since such cases comprise a large number of Center clients. Ongoing women's groups have been found to be most effective in resolving the conflicts of abused women.

In October the Center experienced the loss of the Chief Psychiatrist who had been working for nearly five years. Fortunately, the vacancy was short-lived with the addition of another very capable psychiatrist who joined the staff in December. The Center also lost the services of its only psychologist who had been with the Center for over five years.

A major effort in the Spring of 1985 was the preparation for a Children's Program. A needs assessment was completed which demonstrated the priorities of services needed for children in the area. A proposal was submitted to the Department for the hiring of additional staff members to work full time with children. It is hoped that such staff will be available during the next fiscal year.

Efforts were made during the year to continually improve all Center activities. As an example, a staff member was assigned to the Program Evaluation and Quality Assurance services.

Plans for the future include the establishment of psychosocial and basic care programs at the Lexington office. Additional space will be needed at the West Columbia Office in order to accommodate a Children's Program.

ORANGEBURG AREA MENTAL HEALTH CENTER

After two years of temporary housing in various sections of what was once the county hospital, Orangeburg Area Mental Health Center is finally in permanent quarters in a section of the building that has been renovated to meet the Center's needs. In spite of the workmen wandering in and out to complete various tasks and the ongoing demolition of other parts of the building, the Center's new home appears to be highly conducive to efficient functioning and pleasant for both staff and clientele.

In spite of considerable inconvenience during the past year, Center staff met many of the goals that had been set. In the Adult Outpatient Component, several new programs were successfully implemented. A program was begun, in cooperation with a community organization, to provide individual and group therapy for battered women. The Center's emergency services were used after hours to serve as a liaison between battered women in crisis and appropriate staff or community workers. The psychologist in this component also developed several workshops on

the nature and appropriate use of psychological testing and presented these for professionals from other agencies and for education students at South Carolina State College. A program was also begun to make the community more aware of mental health services.

In the Child and Adolescent Unit, two therapeutic group homes for children were successfully initiated and are currently in operation. A program on incest was developed and presented for school children throughout the area and one person from each school district was trained in the use of incest materials. A contract was developed to provide services to Headstart.

The program for the Elderly was very active in reaching out into the community to inform various agencies and the public of the availability of this service. A newsletter was developed and delivered to churches, physicians and agencies. Treatment available for this population was increased substantially and was more highly specialized to meet the needs of this population. Screening was refined in assessing the medical aspects of client's problems and a referral system was established with the medical community. A Living Skills program was tailored to the needs of the elderly, with training modules presented to this group by local professionals. These modules were designed to develop skills in self-monitoring of medical condition through taking blood pressure and weighing, stress management, coping with depression and dealing with other agencies. The aim of the program is to develop a sense of competence in the elderly.

The Aftercare Component worked to reduce emergency admissions by establishing a special medication group for clients hospitalized for more than two years, implementing an ESP program, having an ample supply of ESP medication on hand and having a staff nurse visit boarding homes that house ESP patients.

The Consultation and Education Component published regular articles in the local newspaper, sent letters to area professionals to encourage increased utilization of services and made use of several radio stations to advertise projects available. Promotional brochures concerning C & E workshops were also distributed.

PEE DEE MENTAL HEALTH CENTER

The Pee Dee Mental Health Center again experienced changes in administrative leadership and continued to experience a turnover in clinical staff. Under these conditions many of the goals and objectives which had been set were not able to be addressed as planned. Retrenchment continued with the closing of the City of Darlington Mental Health Office.

services for patients with chronic mental illness who require more intense efforts to maintain their outpatient status. The Center has a contractual agreement with Goodwill Industries of Upper South Carolina, Inc. Approximately fifteen patients at a given time are involved in this program (daily living skills) which helps prepare the patient to adjust to daily living including the workplace. It assists the patient in becoming productive, dealing with normal work pressures and demands, competing in the job market and hopefully becoming self-sufficient. Center staff provide treatment services, supervision and consultation while patients are involved in this program.

The Center also has a cooperative agreement with Carolina Retirement Center to provide housing placements for aftercare patients who require supervision which is provided by Center staff.

Gateway House, a clubhouse for chronic patients based on the psychosocial model was opened in June, 1984. This program has expanded, moved its residence into a modern facility and now offers a six days per week program. The Center has a contractual agreement with Gateway House, Inc., and serves a number of center patients by providing supervision, medication monitoring and crisis intervention.

The Bethany Home for boys and the Clear Springs Home for girls are community based treatment homes for emotionally disturbed adolescents. The homes are fully operational with a twelve bed capacity which is maximally utilized. Teaching parents and an alternative who receive special training provide treatment in collaboration with center staff. The Piedmont Center for Mental Health Services contracts for the operation of these homes with Piedmont Treatment Homes For Adolescents, Inc., a private non-profit corporation and participates in the screening of prospective residents.

The Piedmont Center continued to contract the services of a Quality Assurance consultant, Dr. Kinley Sturkie. Dr. Sturkie has a Master of Social Work degree from USC, a doctorate degree in Social Work from the University of Southern California and is presently on the faculty of the Sociology Department at Clemson University. He is a trained and experienced clinician and has special expertise in research and quality assurance. Dr. Sturkie assists the Center in complying with Quality Assurance Standards and conducts a Client Satisfaction Survey and a Clinical Care Study. The Center utilized this data to expand and improve treatment efforts and improve quality of care. The sixth consecutive Client Satisfaction Survey for the year 1985 has been completed and copy forwarded to the SCDMH and may be referred to for the results.

Another focal point of the Quality Assurance Program has been extensive documentation reviews of Center records over and above those mandated and required by the SCDMH. These reviews are intended to

help any counselor who may have experienced problems with documentation and to check on the current status of cases and give recommended action (i.e. update, close or document reasons for remaining an active case, follow-up, etc.). Also with the clinical service forms, counselors receive feedback regarding the quantitative completeness of documentation as well as a qualitative review of the appropriateness and quality of treatment reflected in the record. This format offers a thorough, objective review of records with specific recommendations for improvement.

The total number of admissions for calendar year 1984 was 1,384. In addition approximately 250 cases were seen for screening only. Of the 1,384 admissions, 37.8% were males and 62.2% were females; 88.6% were white and 11.4% were non-white; 63.4% were referred by self, family or friend, 6% by non-psychiatric physicians, 5.9% by schools, 3% by courts and the remainder by other sources; and 71.1% were adults, 26.2% were children and 2.7% were elderly. In order to clarify this data, it should be noted that a good proportion of adult cases opened were related to children who were presented for treatment. The Center has routinely opened a case on one or two parents, even if they were given a V-code diagnosis (i.e. parent-child problem). 10.8% received a primary diagnosis between 290.00 and 299.90 which indicates a gradually increasing percentage of clients admitted with severe problems. This trend is in keeping with State and Federal priorities of focusing more services and community support toward treatment of the seriously mentally ill. The Center continues to focus on strengthening community based treatment of the seriously mentally ill and includes education and family involvement. The Center continues to offer services to children, adolescents, elderly, substance abusers and couples. It should be noted that the total number of admissions increased approximately 4% compared to calendar year 1983 while there was an overall reduction in available staff time due to transitions in personnel, maternity leave, etc.

The Center continued its consultative effort at Miller Oaks, an apartment complex for the elderly. This project was begun 1983-1984 and involves weekly meetings, consultation, arranging for speakers on various cogent topics, blood pressure checks and linkage with various community agencies. These elderly persons take an active role in planning programs and identifying needs unique to this population. This approach has been well received and has proved to be an effective means at meeting the needs of those involved.

Hopefully two additional positions for child and adolescent services will be acquired. This would allow for much more comprehensive services for this population and permit more preventative efforts and consultations with schools and other referral agents.

The Center is pleased with the accomplishments of 1984-1985 and is

continuing to adapt to changing needs and priorities in an effort to better serve citizens residing in our catchment area during the year 1985-1986.

SANTEE-WATEREE MENTAL HEALTH CENTER

The Center has continued to offer a full range of services over this past year in spite of having a significant staff turnover, including the loss of several key personnel. The turnover is attributed to normal reasons, e.g., advancement, retirement, family demands and death. Nevertheless, the recruitment and orientation efforts required with such staff turnover have taken significant effort. In addition, the Center's ability to attract well-trained and experienced personnel to these smaller, more rural areas has been limited by the competition of better paying, more attractive positions in the larger cities.

The major area of service expansion has been in the Emergency Stabilization and the Community Support Programs.

The Emergency Stabilization Program goal for FY 1983-1984 was to reduce inappropriate emergency admissions by 20%. The Center came close to meeting this goal and committed itself to bettering that performance in FY 1984-1985. With projected figures, it appears that the Center will have maintained and bettered its previous year's performance. This catchment area has the lowest admission rate of all catchment areas in the state. This record has been achieved by staff identifying high risk patients and maintaining a close working relationship with those patients. The nurses added to Clarendon and Kershaw County Clinics as well as the contract nurse with the Lee County office have all helped to focus in on these at-risk patients. In addition the Center has had the continued good fortune of having available to it a highly accessible inpatient unit at Tuomey Hospital. This has given an opportunity to review all Sumter County emergency admissions, frequently treating on the unit rather than at the central hospital facility. All of these factors have served to keep this catchment area's admission rate at a low level.

The Community Support Program has continued to identify patients who have been hospitalized for one year or longer and who can be returned to the community. The Center had already returned a number of these patients to the community. The goal over FY 1984-1985 was to place an additional twelve CSP patients. Ten have been placed. Additionally, the Center has continued to work closely with central hospital facilities around the placement of the "non-CSP" patient. Boarding home beds have been expanded and in an effort to upgrade the skills of boarding home managers, training has been given. Out of this relationship has developed an organization of boarding home managers, a vehicle to assist these members to support each other, to problem solve and to improve their services.

The Center has continued to offer the traditional outpatient services, maintaining a commitment to those persons under emotional stress. It is recognized that these outpatient treatment services are crisis oriented and are short-term in duration. The Center served 5,755 unduplicated clients in 25,848 contacts. The Center continued its very functional twenty-four hour, seven-days-a-week emergency service, receiving 840 night/week-end calls. The Living Skills/Day Treatment Program had a significant turnover in staff over the past year and after re-grouping, became an even stronger program. 2,167 patient days were delivered by this service. The Consultation and Education Service made sexual abuse as its major focus, continuing to maintain many of the ongoing contracts that the Center has developed. This program reached 14,273 persons over this past year. Lastly, the clinics in Kershaw, Clarendon and Lee Counties continued to function well. The Clarendon County Clinic was particularly hurt by staff attrition. Nevertheless, this office continued to offer a strong service with staff support coming from the Sumter office.

The Center's Board of Directors representing the citizenry of each of the four counties demonstrated a strong investment in the Center and has maintained local community ownership of the Center. The Center's strong Volunteer Program has been another avenue by which community participation in the Center has been encouraged.

Overall, the FY 1984-1985 has been judged a successful year. The Center continues to be responsive to the mental health needs in the community, offering quality services to all who need those services. The Center pledges its commitment to this same level of quality in FY 1985-1986.

SPARTANBURG AREA MENTAL HEALTH CENTER

The Spartanburg Area Mental Health Center is a well established Center which is experiencing continuous growth in the area of patient use of the Center. There has been very little turnover in staff. We lost three psychologists, two of whom went into private practice and one retired due to health problems.

In the first nine months of 1984-85 the Center saw 1,181 new patients, collected \$174,022.20 in fees in 20,638 interviews. During this period patient interviews increased 1,697, fees decreased \$16,585.62. The decrease in fees was in the payment of Medicaid in the amount of \$13,219.14 and direct patient payment in the amount of \$7,937.72.

Most of the service areas have suffered from patient overload. The assessment team, who see all new patients, have tried to avoid having a waiting list and have found it almost impossible at times. The Center as a whole has refined both programs and treatment in order to offer the most effective treatment to the most people. The Living Skills program has

gradually increased from ten or twelve patients a day to thirty to thirty-five. Outpatient staff are treating an average of 125 patients per clinician, the CSP program is also feeling rapid growth pressures. The Cherokee County Clinic is preparing to enter larger quarters on July 1. This move will help improve services there since they will no longer have to send staff, records and patients to a church to do some of their work. Patient load there is heavy. Additional staff are much needed both in Cherokee and in Spartanburg Counties. Union County's patient load did not increase during 1984-85. The Center borrowed one clinician from Union County one day a week to help out with the overload in Cherokee County. We are making efforts to establish a new position in Gaffney.

The Center has prioritized services to youth and the elderly. Four geriatric specialists trained to work with the elderly and hopefully are providing very adequate care for this group of patients. We have joined forces with the Department of Social Services in an effort to set up a youth treatment home. Staff was expanded to work with children. Children referrals have increased so we need to continue to increase staff to treat children.

Twenty-two CS patients were placed in the community bringing the total to twenty-seven. A few have been readmitted to the hospital, however, twenty-three are still in the community. This is only a small segment of patients in the total Aftercare program, one of the larger programs in the Center. The Center provides Aftercare services in each of our three counties. Transportation has become a dominant need which the Center is trying to meet. The Center has developed a good community network with the Mental Health Association and the Crossroad programs, the various housing projects, many church groups, and the Senior Citizens groups.

The C & E goals and objectives were met and exceeded with 20 different staff members providing these services. Thirty-six contacts were made with the media. We maintained the one Employee Assistance program. Primary prevention efforts have focused on the Children's Primary Prevention project where approximately 20 children and ten adults were reached in the initial series of 8 children and 5 adults reached in the second.

The Emergency Stabilization Program provided the opportunity for short term hospitalization for many patients. This was an excellent program, however, the program ended several months before the end of the year due to lack of funding.

In spite of Center overload, all members of the staff have made a concerted effort to implement the Quality Assurance Plan and Manual for Community Mental Health Centers (80-04). Having met the Quality

Assurance requirements is reflected in increasingly high service demand, monthly collections and good audit reports.

TRI-COUNTY MENTAL HEALTH CENTER

The Tri-County Mental Health Center dramatically expanded the continuum of psychiatric care available to residents of Chesterfield, Marlboro and Dillon Counties. Early in the year, the Tri-County Mental Health Center made a major commitment to provide emergency services for residents of Chesterfield and Marlboro County who were directly or indirectly affected by the March 28th tornadoes. The staff was heavily involved in disaster crisis counseling in local Red Cross Shelters, FEMA Disaster Assistance Centers, local churches, schools and food distribution centers.

In addition to the work in local shelters and food distribution centers twenty-four hours per day, the staff developed and implemented a preventive intervention program to assist children and families in dealing with post-traumatic stress syndrome. Throughout the disaster response, efforts were geared toward "extramural" support. In July 1985 the center received a Disaster Assistance Grant through FEMA and NIMH to provide a formal outreach program to tornado victims in Chesterfield and Marlboro Counties who suffered extensive damage to homes and the loss of family members. Outreach staff conducted screening assessments with more than 1,000 adults in their homes to identify problems, counsel and give information about available assistance with food, clothing, shelter and health care. The Reaching Out After Disaster Program played a major role in "normalizing" stress reactions related to the disaster.

In addition the Center has further developed its model Community Support Program for the chronically mentally ill. The Community Support Program, now at Cheraw Retirement Village, has been highly successful in its efforts to improve the chronic patient's level of functioning. Plans are currently underway to expand the Community Support Program through contracts with private providers. In fiscal year 1985-1986 the CSP Program will provide psychosocial rehabilitation opportunities for up to 100 additional chronically impaired state hospital discharged patients who can be returned to the community.

Factors that have helped the Center expand its clinical services have been the recruitment of one additional psychiatrist through the National Health Service Corps, the recruitment of one LPN and a nurse, and the development of contracts with three local physicians to provide for needed medical coverage.

In addition the Chesterfield County Alcohol and Drug Abuse Program, operated by the Center, expanded its Alcohol and Drug Prevention and

Treatment Services through the development of a School Intervention Program and the funding of a Community Based Treatment Counselor. Moreover, the Mental Health Center has computerized its psychological testing services and is in the process of expanding those assessments to provide MMPI McAndrews Scales for all ADSAP referrals.

Through contracts with the S. C. Commission on Alcohol and Drug Abuse, the Center has further developed a comprehensive continuum of alcohol and drug prevention, intervention and treatment services in Chesterfield County.

The Tri-County Mental Health Childrens Program has also experienced significant success this year. The program has received increased referrals from local school systems and social service agencies in Chesterfield, Marlboro and Dillon Counties. In addition Headstart Screening Services have expanded and in FY 85-86 the Center plans to expand psychological/developmental assessments for Headstart students in the Dillon area. The Marlboro and Dillon County Mental Health Associations also co-sponsored through the Center a therapeutic day camp that was well attended by children from each county.

Overall, it has been an extremely busy year for the Tri-County Mental Health Center. Statistical data reflected increased numbers of patients seeking treatment and significant increases in therapeutic contacts. Since the Tri-County Mental Health Center is the only resource available for 100,878 people in Chesterfield, Marlboro and Dillon Counties, it is expected that the number of people requesting assistance will remain at a high level in Fiscal Year 1985-1986.

THE WACCAMAW CENTER FOR MENTAL HEALTH

The Waccamaw Center for Mental Health provides services in mental health for Horry, Georgetown and Williamsburg Counties, which are situated in the northeastern most corner of the state. The year-round resident population of the area is approximately 200,000 persons. In addition to these persons, several hundred thousand vacationers, tourists and transients move through the Grand Strand area during the spring and summer months each year. The Center provides services to these two groups on an ongoing basis with greater emphasis being put towards providing services to the year-round residents.

The Center is comprehensive in nature meaning that programs and services are provided in a number of areas and these include inpatient, outpatient, emergency, follow-up, screening, consultation/education, chemical abuse and specialized services for children and elderly. In addition, the Center provides special emergency stabilization and community support programs, a number of outreach efforts in locations and

facilities other than the Mental Health Center and an active Minority Outreach Program in all three counties.

A primary mission of the Center involves enhancing a positive image of self within the community through Consultation and Education programs to individuals and groups. These continuing efforts are to prevent emotional instability, to reduce stress and to provide assistance to residents in overcoming existing mental health problems.

One of the main goals for the Center during FY 84/85 was to maintain the overall funding base from all sources of revenue to at least the levels of the previous fiscal year. This goal has been accomplished due to the Center's concentrated efforts in carrying out the Emergency Stabilization Program (ESP). As of the ending two months of the previous fiscal year, the Center had experienced the bottom falling out of the Emergency Stabilization Program with a flood of admissions to the state facilities coming during that time. The result being that at the beginning of FY 84/85, the Center started out behind in the race to decrease admissions to state facilities by twenty percent. As a result, considerable administrative, clinical staff time was devoted to getting off on the right foot during FY 84/85, and the efforts have been placed upon screening, finding local alternatives and prevention of the admission to state facilities. The Center performed on a highly commendable level in obtaining a reduction of admissions to state facilities and will meet the goal for this fiscal year.

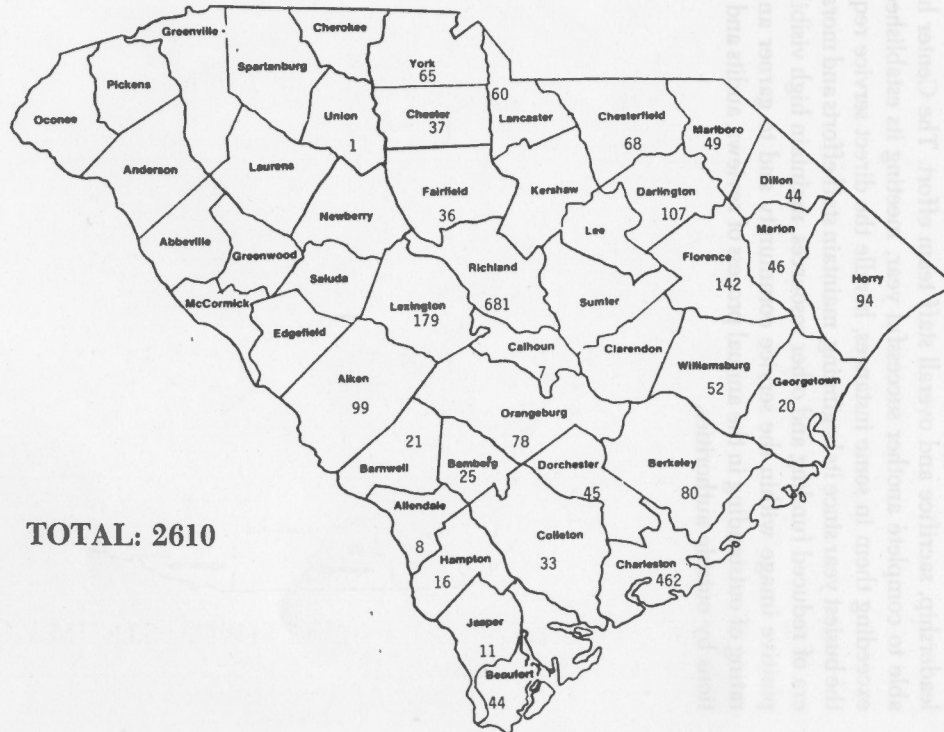
Related to the above goals and objectives has been the Community Support Program (CSP). Efforts in this area have resulted in maintaining the level of placements of patients from the state facilities in the community for the first half of the fiscal year. Due to the opening of a new twenty bed facility in one of the service counties, it has been possible to place additional patients from the state facilities in this home. An overall goal of the Center during FY 84/85 was to continue a high level of effort in community education and mental health consultation work with community agencies, groups, and resources. Despite the fact that this fiscal year has seen the continuing rise in demand for treatment, counseling, and other forms of direct service work, the Center has again met this goal through thousands of contacts in C&E services in the community, through the processing and liaison work surrounding the nearly one hundred Memorandums of Agreements (MOA's) held between the Center and community resources. Within this effort, a number of additional inroads and avenues of communication are continuing to be explored within the law enforcement and court sectors of the community for the provision of collaborative work in behalf of residents of the catchment area.

Also of concern for FY 84/85 were unfilled and/or vacated positions in Children's Services as well as positions which became vacant during the year by reason of attrition. With the increasing demand for services the

need has been felt very greatly to have these positions filled with effective, professional employees who could manage a busy and demanding schedule. Over the period of FY 84-85, the positions in Children's Services have been filled and efforts are being made, as of this writing, to fill the one vacant position in Adult Direct Services.

In summary, it is worthy of note that the Center has worked through a year of many pressures and problems imposed from the outside calling for leadership, sacrifice and overall staff team effort. The Center has been able to complete another successful year, meeting its established goals, exceeding them in some instances, handle the direct service requests in the busiest year since its beginning, maintain staff efforts and morale in an era of reduced funding and other resources, maintain high visibility and positive image within the service community and to garner an overall rating of outstanding in the annual process of reviews, audits and evaluations by outside authorities.

G. WERBER BRYAN PSYCHIATRIC HOSPITAL **PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1984-1985**



TOTAL: 2610

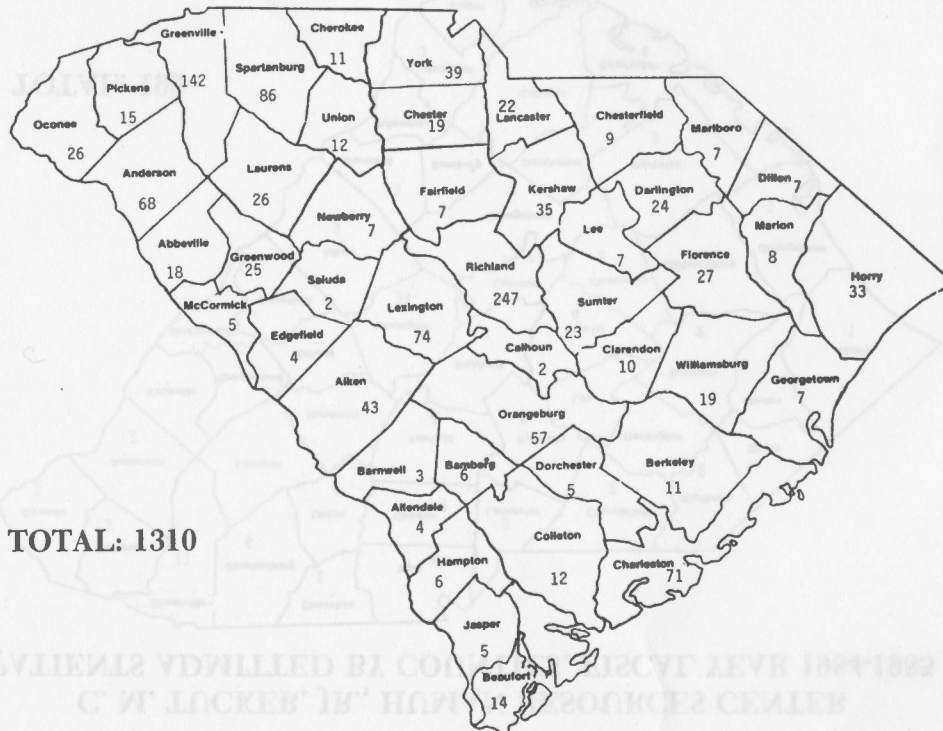
CRAFTS-FARROW STATE HOSPITAL PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1984-1985



A map of South Carolina showing its 46 counties. Each county is labeled with its name and its 2010 population. The counties and their populations are: Oconee (1), Pickens (10), Greenville (28), Spartanburg (17), Cherokee (3), York (8), Chester (2), Lancaster (6), Chesterfield (13), Marlboro (2), Dillon (5), Marion (2), Horry (5), Florence (12), Darlington (6), Kershaw (58), Lee (12), Sumter (27), Clarendon (39), Williamsburg (1), Georgetown (2), Berkeley (4), Charleston (21), Colleton (6), Hampton (1), Jasper (1), Beaufort (3), Dorchester (3), Bamberg (2), Barnwell (2), Allendale (1), Lexington (149), Richland (191), Calhoun (1), Orangeburg (10), Edgewood (5), Saluda (5), McCormick (1), Abbeville (24), Anderson (1), Laurens (1), Newberry (23), Fairfield (3), Union (9), and Edgefield (1).

TOTAL: 731

TOTAL: 731



TOTAL: 1310

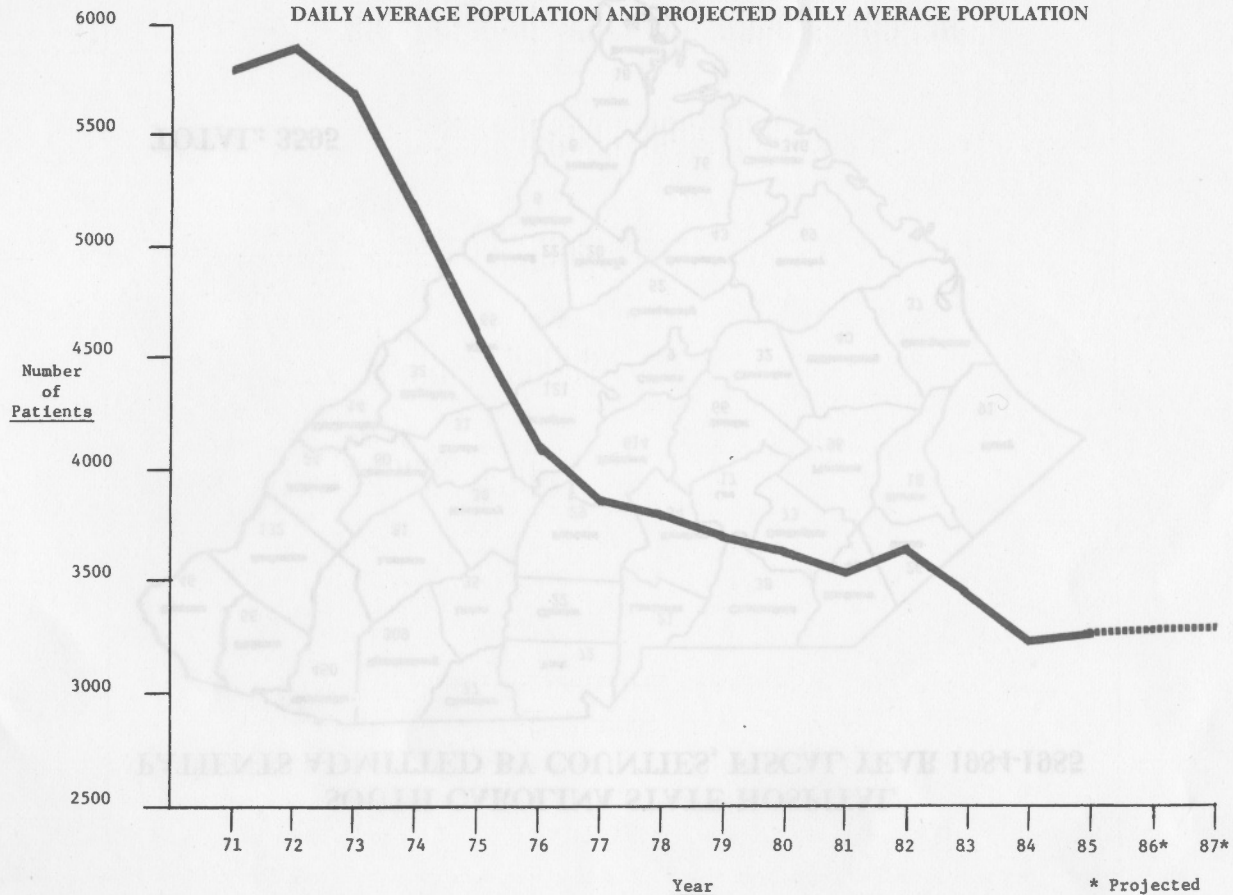
**C. M. TUCKER, JR., HUMAN RESOURCES CENTER
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1984-1985**



189



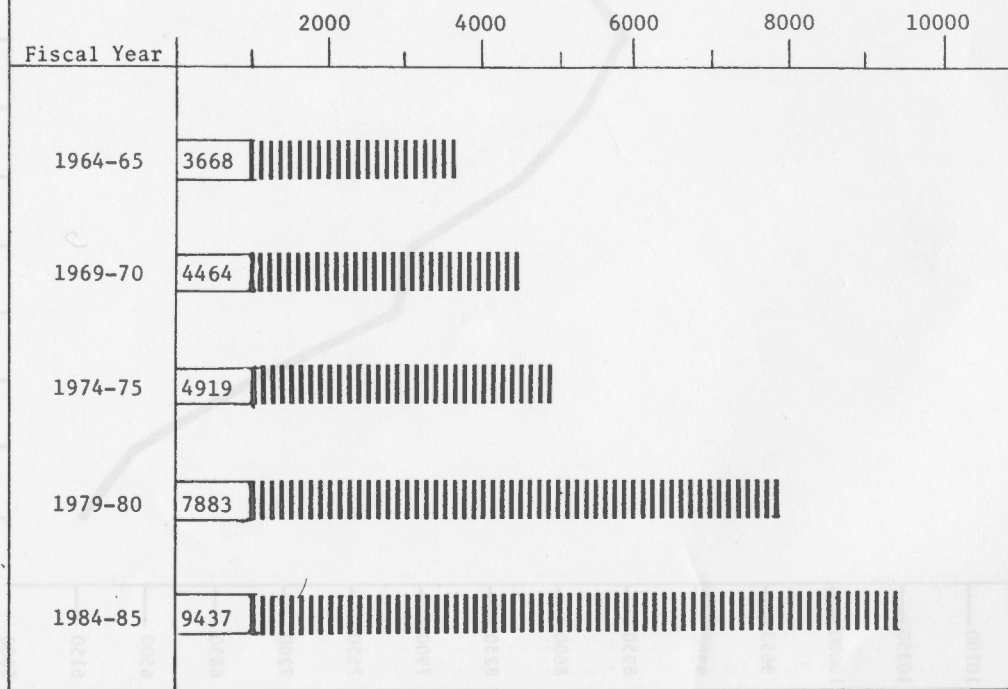
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
HOSPITAL SERVICES
DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION



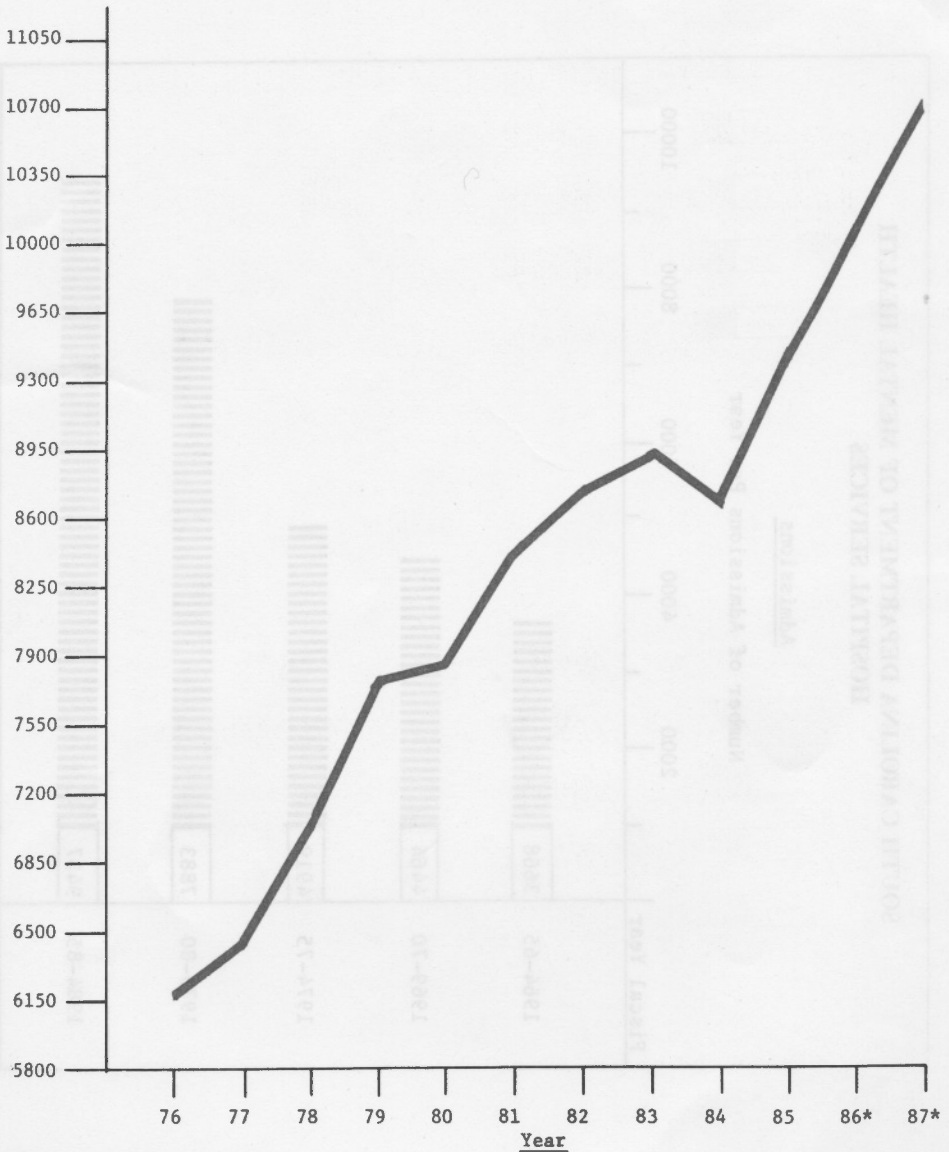
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH HOSPITAL SERVICES

Admissions

Number of Admissions Per Year

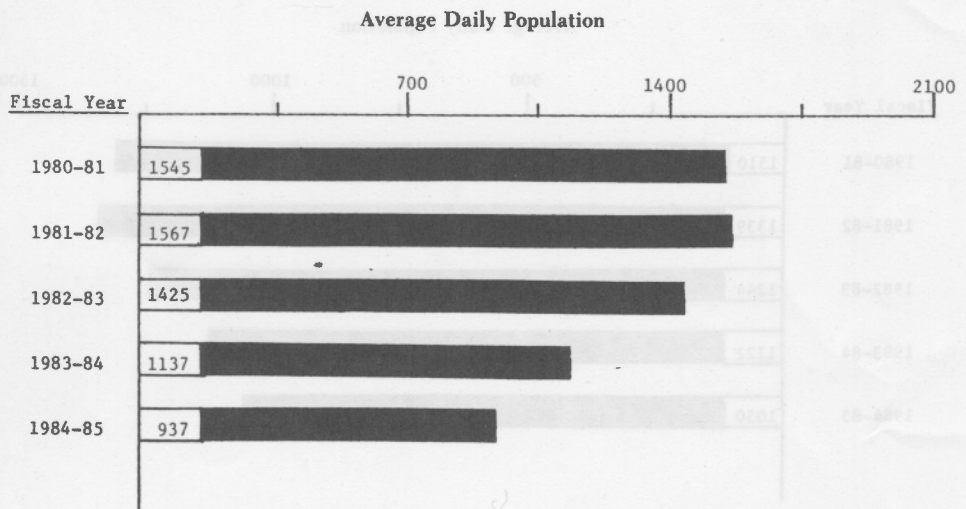
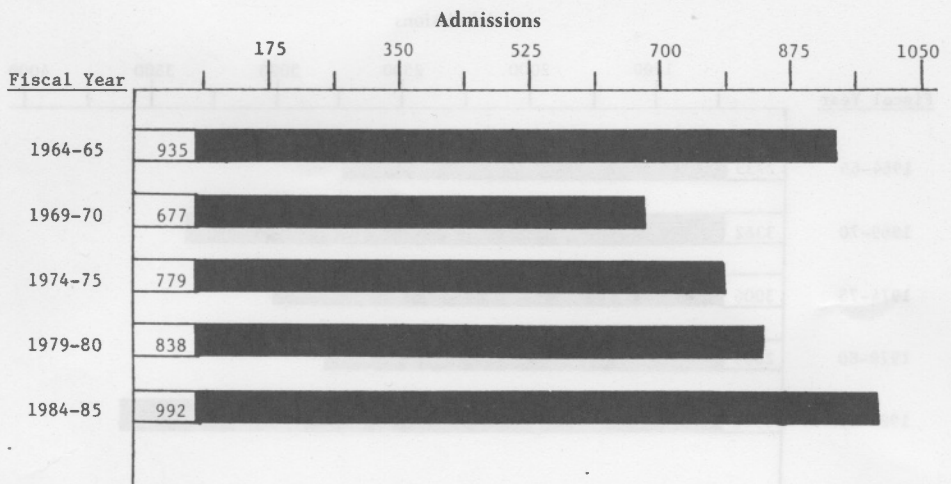


NUMBER OF ADMISSIONS



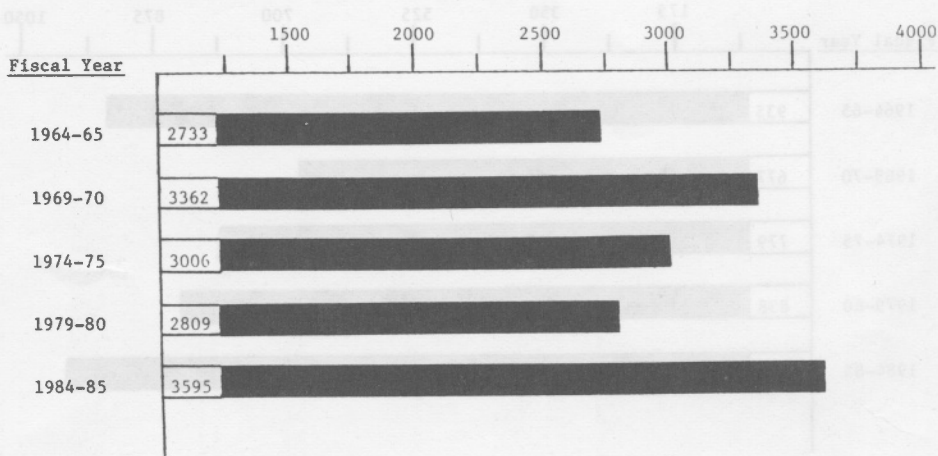
Trend in yearly admissions
Hospital Services, 1976 - 1985
Projected 1986 and 1987

CRAFTS-FARROW STATE HOSPITAL

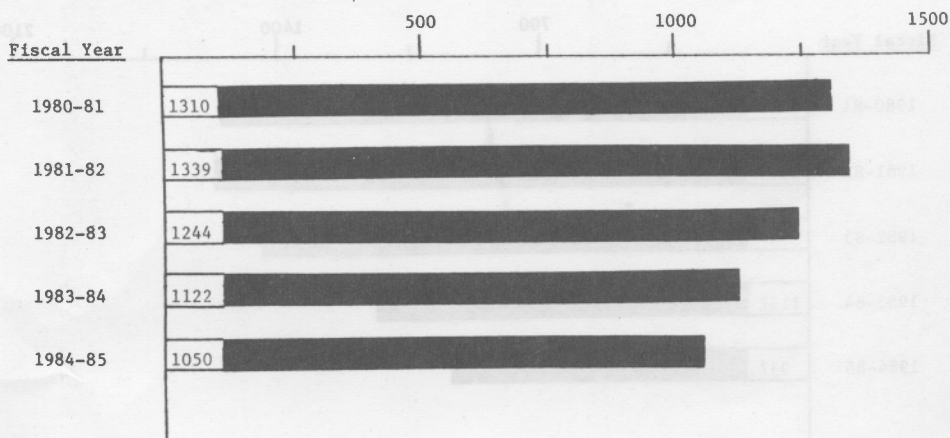


SOUTH CAROLINA STATE HOSPITAL

Admissions

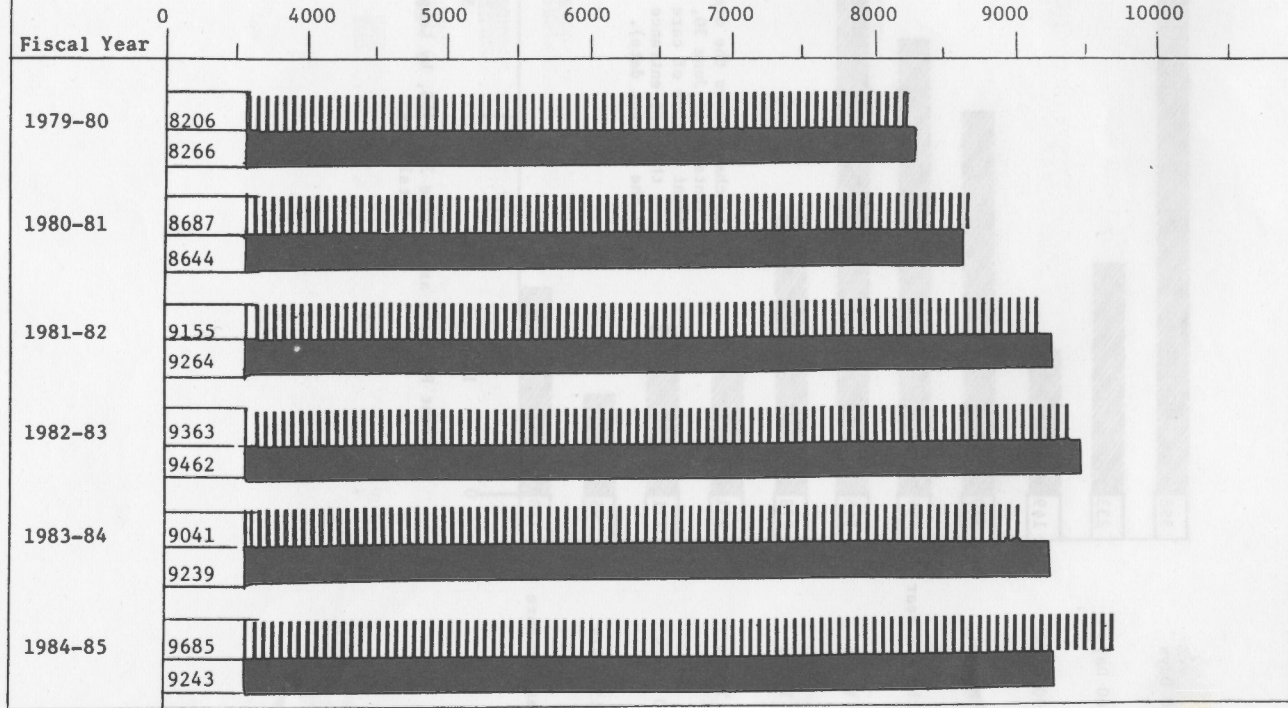


Average Daily Population



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH HOSPITAL SERVICES

Patients Received and Separated



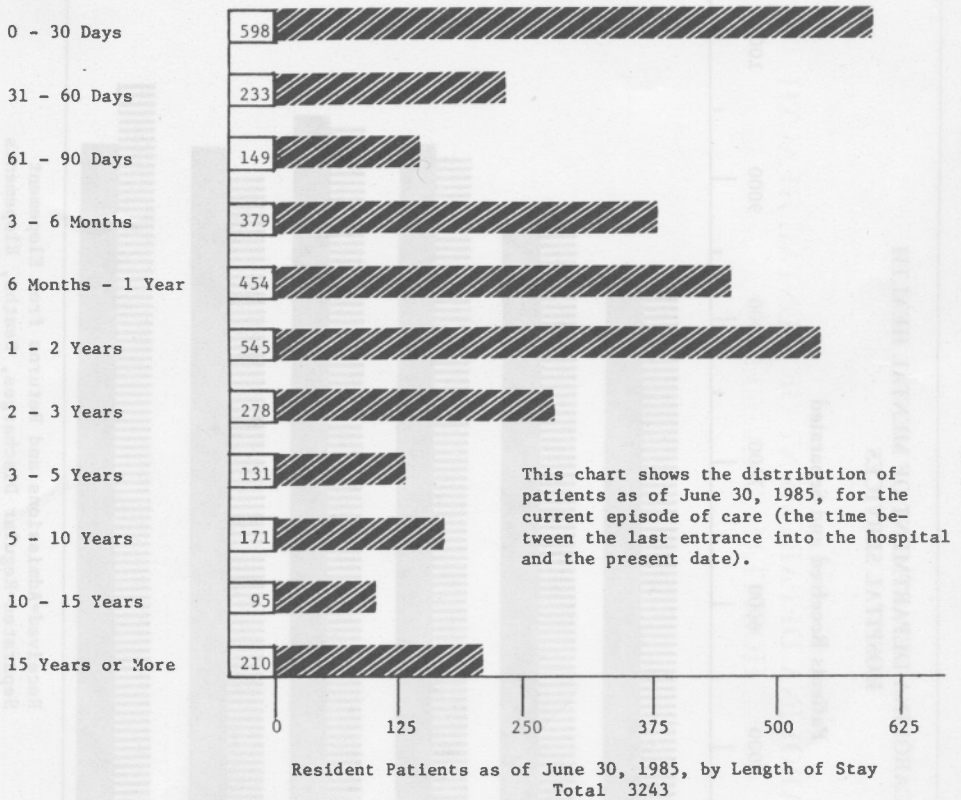
LEGEND:

Received

Separated

Received=Admissions and Returns from Elopement
Separated=Regular Discharges, Deaths, Elopements

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
HOSPITAL SERVICES



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH HOSPITAL SERVICES

Facility	Rated Bed Capacity	Beds Set Up	Average Daily Population				
			1984-1985	1983-1984	1982-1983	1981-1982	1980-1981
SCSH	1,179	1,154	1,050	1,122	1,244	1,339	1,310
CFSH	1,300	872	937	1,137	1,425	1,567	1,545
197 WSHPI	130	130	82	91	99	112	91
THRC	608	608	603	558	356	295	284
BPH	288	238	226	202	208	207	194
MV	186	132	123	115	116	130	132
DGNCC	298	298	238	84			
TOTAL	3,989	3,432	3,259	3,309	3,448	3,650	3,556

FINANCIAL STATEMENT

FY 85 EXPENDITURES

Facility	Personal Service	Contractual Services	Supplies	Fixed Charges	Travel	Equipment	Case Services	Light, Heat Power	Trans- portation	Debt Service	Purchase For Resale	Total
ADMINISTRATION:												
Admin. Services	6,553,490	608,084	2,911,910	121,375	33,766	128,346	0	91,423	0	0	0	10,448,394
Support Services	3,123,516	263,746	690,619	190,657	8,815	351,601	0	36,170	195,458	54,908	0	4,915,489
Total	9,677,006	871,830	3,602,529	312,032	42,581	479,947	0	127,593	195,458	54,908	0	15,363,883
PSYCHIATRIC HOSPITALS:												
S. C. State Hospital	16,993,583	706,891	1,554,240	109,331	24,294	82,074	28,071	1,754,542	0	0	0	21,253,027
Crafts-Farrow	13,822,968	630,630	1,118,768	102,134	2,518	48,215	92,719	779,572	0	0	0	16,597,523
Bryan Hospital	6,471,656	184,773	266,461	43,675	9,747	34,188	19,266	437,580	0	0	0	7,467,345
Byrnes Medical Center	4,475,054	254,090	971,663	77,612	1,676	162,411	1,104,692	0	0	38,286	0	7,085,483
Dowdy-Gardner	3,240,625	50,899	359,960	19,809	1,571	16,333	8,735	153,253	0	0	0	3,851,186
Harris Hospital	142,970	22,049	21,849	11,418	6,582	116,868	0	0	64	0	0	321,800
Total	45,146,856	1,849,332	4,292,941	363,979	46,388	460,089	1,253,483	3,124,947	64	38,286	0	56,576,365
COMMUNITY MENTAL HEALTH												
				Itemized Detail Not Yet Available								19,623,105
RESEARCH & EDUCATION	5,453,614	270,549	224,991	82,029	41,256	80,922	12,589	125,470	0	0	0	6,291,422
LONG TERM CARE	6,887,598	326,410	723,879	52,500	807	8,709	48,013	242,131	0	0	0	8,290,048
ALCOHOL & DRUG	2,495,485	121,953	92,594	21,312	3,385	81,325	1,902	227,124	0	0	0	3,045,081
SPECIAL PROJECTS:												
Voc. Rehab.	580,967	124	0	0	1,422	0	0	0	0	0	0	582,513
Instit. Projects	98,396	21,238	11,616	0	3,920	55,900	0	0	0	0	0	191,070
Continuum of Care	402,711	36,391	27,209	31,064	25,017	15,542	462,647	154	480	0	0	1,001,216
Emerg. Stabilization	1,076,861	454,497	138,631	70,458	21,157	41,493	209,314	6,595	9,784	0	0	2,034,789
Community Support	404,765	514,002	138,490	84,836	65,468	162,556	92,392	36,219	3,100	0	0	1,501,828
Canteen	79,803	1,988	13,217	150	0	2,659	0	0	0	0	171,232	269,050
Total	2,643,502	1,028,239	329,163	186,508	122,985	278,150	764,354	42,968	13,364	0	171,232	5,580,465
FRINGE BENEFITS	16,405,773											16,405,773
GRAND TOTAL	88,709,834	4,468,313	9,266,098	1,018,360	257,403	1,389,143	2,080,341	3,890,233	208,886	93,194	171,232	131,176,141

